

ICPSR 34792

## **Health Behavior in School-Aged Children (HBSC), 2009-2010**

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Student Questionnaire

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### Student Questionnaire Crosswalk

The following crosswalk provides a comparison of questions between the three different questionnaires asked between the grades. If a grade was not asked a question it has been designated by a series of dashes in the respective column.

PUF Variable Name	Grade 5/6 Question #	Grade 7/8/9 Question #	Grade 10 Question #	Variable Label
Q1	Q1	Q1	Q1	GENDER
Q3B	Q3B	Q3B	Q3B	AGE
Q4	Q4	Q4	Q4	GRADE IN SCHOOL
Q5	Q5	Q5	Q5	HISPANIC ETHNICITY
Q6_1	Q6	Q6	Q6	RACE: BLACK OR AFRICAN AMERICAN
Q6_2	Q6	Q6	Q6	RACE: WHITE
Q6_3	Q6	Q6	Q6	RACE: ASIAN
Q6_4	Q6	Q6	Q6	RACE: AMERICAN INDIAN OR ALASKA NATIVE
Q6_5	Q6	Q6	Q6	RACE: NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
Q7	Q7	Q7	Q7	LIFE SATISFACTION SCALE
Q8	Q8	Q8	Q8	YOUR THOUGHTS ON YOUR BODY
Q9_1	Q9	Q9	Q9	HOURS PLAY COMPUTER / VIDEO GAMES, WEEKDAYS
Q9_2	Q9	Q9	Q9	HOURS PLAY COMPUTER / VIDEO GAMES, WEEKENDS
Q10_1	Q10	Q10	Q10	HOURS USE COMPUTER, WEEKDAYS
Q10_2	Q10	Q10	Q10	HOURS USE COMPUTER, WEEKENDS
Q11	Q11	Q11	Q11	FAMILY WELL OFF
Q12	Q12	Q12	Q12	NUMBER OF COMPUTERS FAMILY OWNS
Q13	Q13	Q13	Q13	DO YOU HAVE YOUR OWN BEDROOM
Q14	Q14	Q14	Q14	DOES YOUR FAMILY OWN A VEHICLE
Q15	Q15	Q15	Q15	NUMBER OF FAMILY VACATIONS PAST 12 MONTHS
Q16_1	Q16	Q16	Q16	MAIN HOME: MOTHER
Q16_2	Q16	Q16	Q16	MAIN HOME: FATHER
Q16_3	Q16	Q16	Q16	MAIN HOME: STEPMOTHER
Q16_4	Q16	Q16	Q16	MAIN HOME: STEPFATHER
Q16_5	Q16	Q16	Q16	MAIN HOME: GRANDMOTHER
Q16_6	Q16	Q16	Q16	MAIN HOME: GRANDFATHER
Q16_7	Q16	Q16	Q16	MAIN HOME: LIVING IN FOSTER HOME / CHILD CARE
Q16_8	Q16	Q16	Q16	MAIN HOME: LIVING WITH SOMEONE ELSE
Q16_9	Q16	Q16	Q16	MAIN HOME: NUMBER OF BROTHERS
Q16_10	Q16	Q16	Q16	MAIN HOME: NUMBER OF SISTERS
Q17	Q17	Q17	Q17	HAVE A SECOND HOME
Q17A	Q17	Q17	Q17	HOW OFTEN STAY AT SECOND HOME

PUF Variable Name	Grade 5/6 Question #	Grade 7/8/9 Question #	Grade 10 Question #	Variable Label
Q17_1	Q17	Q17	Q17	SECOND HOME: MOTHER
Q17_2	Q17	Q17	Q17	SECOND HOME: FATHER
Q17_3	Q17	Q17	Q17	SECOND HOME: STEPMOTHER
Q17_4	Q17	Q17	Q17	SECOND HOME: STEPFATHER
Q17_5	Q17	Q17	Q17	SECOND HOME: GRANDMOTHER
Q17_6	Q17	Q17	Q17	SECOND HOME: GRANDFATHER
Q17_7	Q17	Q17	Q17	SECOND HOME: LIVING IN FOSTER HOME / CHILD CARE
Q17_8	Q17	Q17	Q17	SECOND HOME: LIVING WITH SOMEONE ELSE
Q17_9	Q17	Q17	Q17	SECOND HOME: NUMBER OF BROTHERS
Q17_10	Q17	Q17	Q17	SECOND HOME: NUMBER OF SISTERS
Q18_1	Q18	Q18	Q18	HOURS WATCH TELEVISION, WEEKDAYS
Q18_2	Q18	Q18	Q18	HOURS WATCH TELEVISION, WEEKEND
Q19	Q19	Q19	Q19	NUMBER OF DAYS PHYSICALLY ACTIVE PAST WEEK
Q20	Q20	Q20	Q20	HOW OFTEN EXERCISE SO YOU'RE OUT OF BREATH, FREE TIME
Q21	Q21	Q21	Q21	HOURS PER WEEK EXERCISE SO YOU'RE OUT OF BREATH, FREE TIME
Q22	Q22	Q22	Q22	TIME TO TRAVEL TO SCHOOL
Q23	Q23	Q23	Q23	MODE OF TRAVEL TO SCHOOL
Q24	Q24	Q24	Q24	MODE OF TRAVEL FROM SCHOOL
Q25_1	Q25	Q25	Q25	HOW OFTEN EAT BREAKFAST, WEEKDAYS
Q25_2	Q25	Q25	Q25	HOW OFTEN EAT BREAKFAST, WEEKENDS
Q26A	Q26	Q26	Q26	HOW OFTEN EAT / DRINK PER WEEK: FRUITS
Q26B	Q26	Q26	Q26	HOW OFTEN EAT / DRINK PER WEEK: VEGETABLES
Q26C	Q26	Q26	Q26	HOW OFTEN EAT / DRINK PER WEEK: SWEETS
Q26D	Q26	Q26	Q26	HOW OFTEN EAT / DRINK PER WEEK: SOFT DRINKS
Q27	-----	Q27	Q27	HOW OFTEN EAT BREAKFAST W/ PARENT(S)
Q28	-----	Q28	Q28	HOW OFTEN EAT EVENING MEAL W/ PARENT(S)
Q29_1	-----	Q29	Q29	EAT MIDDAY MEAL: AT SCHOOL
Q29_2	-----	Q29	Q29	EAT MIDDAY MEAL: AT HOME
Q29_3	-----	Q29	Q29	EAT MIDDAY MEAL: AT SOMEONE ELSE'S HOME
Q29_4	-----	Q29	Q29	EAT MIDDAY MEAL: IN SNACK-BAR / RESTAURANT
Q29_5	-----	Q29	Q29	EAT MIDDAY MEAL: SOMEWHERE ELSE
Q29_6	-----	Q29	Q29	EAT MIDDAY MEAL: NEVER
Q30A	-----	Q30	Q30	HOW OFTEN SNACK WHILE: WATCH T.V.
Q30B	-----	Q30	Q30	HOW OFTEN SNACK WHILE: USE COMPUTER / OTHER GAMING SYSTEM
Q31	Q27	Q31	Q31	HOW OFTEN EAT FAST FOOD

PUF Variable Name	Grade 5/6 Question #	Grade 7/8/9 Question #	Grade 10 Question #	Variable Label
Q32	Q28	Q32	Q32	HOW OFTEN GO TO SCHOOL / BED HUNGRY
Q33	Q29	Q33	Q33	HOW MUCH DO YOU WEIGH (IN POUNDS)
Q34	Q30	Q34	Q34	HOW TALL ARE YOU (IN INCHES)
Q35	Q31	Q35	Q35	WHEN DID YOU LAST WEIGH YOURSELF
Q36	Q32	Q36	Q36	WHEN DID YOU LAST MEASURE YOUR HEIGHT
Q37	Q33	Q37	Q37	PRESENTLY ON A DIET TO LOSE WEIGHT
Q38A	Q34	Q38	Q38	FEELINGS ABOUT BODY: FRUSTRATED W/ APPEARANCE
Q38B	Q34	Q38	Q38	FEELINGS ABOUT BODY: SATISFIED W/ APPEARANCE
Q38C	Q34	Q38	Q38	FEELINGS ABOUT BODY: HATE MY BODY
Q38D	Q34	Q38	Q38	FEELINGS ABOUT BODY: FEEL COMFORTABLE W/ BODY
Q38E	Q34	Q38	Q38	FEELINGS ABOUT BODY: FEEL ANGER TOWARD BODY
Q38F	Q34	Q38	Q38	FEELINGS ABOUT BODY: LIKE APPEARANCE IN SPITE OF FLAWS
Q39_1	Q35	Q39	Q39	HAVE YOU BEGUN TO MENSTRUATE (GIRLS ONLY)
Q39_2	Q35	Q39	Q39	AGE WHEN YOU BEGAN MENSTRUATION - MONTHS (GIRLS ONLY)
Q40	Q36	Q40	Q40	HAVE YOU BEGUN TO GROW FACIAL HAIR (BOYS ONLY)
Q41	Q37	Q41	Q41	HOW OFTEN DO YOU BRUSH YOUR TEETH
Q42A	Q38	Q42	Q42	PAST 6 MONTHS HOW OFTEN HAD: HEADACHES
Q42B	Q38	Q42	Q42	PAST 6 MONTHS HOW OFTEN HAD: STOMACHACHES
Q42C	Q38	Q42	Q42	PAST 6 MONTHS HOW OFTEN HAD: BACKACHES
Q42D	Q38	Q42	Q42	PAST 6 MONTHS HOW OFTEN HAD: FEELING LOW
Q42E	Q38	Q42	Q42	PAST 6 MONTHS HOW OFTEN HAD: IRRITABILITY
Q42F	Q38	Q42	Q42	PAST 6 MONTHS HOW OFTEN HAD: FEELING NERVOUS
Q42G	Q38	Q42	Q42	PAST 6 MONTHS HOW OFTEN HAD: DIFFICULTIES SLEEPING
Q42H	Q38	Q42	Q42	PAST 6 MONTHS HOW OFTEN HAD: FEELING DIZZY
Q43A	Q39	Q43	Q43	PAST MONTH TAKEN MEDICINE FOR: HEADACHES
Q43B	Q39	Q43	Q43	PAST MONTH TAKEN MEDICINE FOR: STOMACHACHES
Q43C	Q39	Q43	Q43	PAST MONTH TAKEN MEDICINE FOR: DIFFICULTIES SLEEPING
Q43D	Q39	Q43	Q43	PAST MONTH TAKEN MEDICINE FOR: NERVOUSNESS
Q43E	Q39	Q43	Q43	PAST MONTH TAKEN MEDICINE FOR: ALLERGY
Q43F	Q39	Q43	Q43	PAST MONTH TAKEN MEDICINE FOR: SOMETHING ELSE
Q44	Q40	Q44	Q44	OVERALL HEALTH RATING
Q45	Q41	Q45	Q45	HAVE LONG TERM ILLNESS / DISABILITY / CONDITION DIAGNOSED BY A DOCTOR
Q46	Q42	Q46	Q46	TAKE MEDICINE FOR LONG TERM ILLNESS / DISABILITY / CONDITION
Q47	Q43	Q47	Q47	LONG TERM ILLNESS AFFECT SCHOOL ATTENDANCE / PERFORMANCE
Q48A	Q44	Q48	Q48	FEELING PAST WEEK: FIT AND WELL

PUF Variable Name	Grade 5/6 Question #	Grade 7/8/9 Question #	Grade 10 Question #	Variable Label
Q48B	Q44	Q48	Q48	FEELING PAST WEEK: FULL OF ENERGY
Q48C	Q44	Q48	Q48	FEELING PAST WEEK: SAD (REVERSE CODED)
Q48D	Q44	Q48	Q48	FEELING PAST WEEK: LONELY (REVERSE CODED)
Q48E	Q44	Q48	Q48	FEELING PAST WEEK: HAD ENOUGH TIME FOR YOURSELF
Q48F	Q44	Q48	Q48	FEELING PAST WEEK: ABLE TO DO WANTED THINGS IN FREE TIME
Q48G	Q44	Q48	Q48	FEELING PAST WEEK: PARENTS TREATED YOU FAIRLY
Q48H	Q44	Q48	Q48	FEELING PAST WEEK: HAD FUN WITH FRIENDS
Q48I	Q44	Q48	Q48	FEELING PAST WEEK: GOT ON WELL AT SCHOOL
Q48J	Q44	Q48	Q48	FEELING PAST WEEK: ABLE TO PAY ATTENTION
Q49	Q45	Q49	Q49	PAST 12 MONTHS: INJURED AND TREATED BY A DOCTOR
Q50A	Q46	Q50	Q50	EASY TO TALK W/ OTHERS ON PROBLEMS: FATHER
Q50B	Q46	Q50	Q50	EASY TO TALK W/ OTHERS ON PROBLEMS: STEPFATHER
Q50C	Q46	Q50	Q50	EASY TO TALK W/ OTHERS ON PROBLEMS: MOTHER
Q50D	Q46	Q50	Q50	EASY TO TALK W/ OTHERS ON PROBLEMS: STEPMOTHER
Q50E	Q46	Q50	Q50	EASY TO TALK W/ OTHERS ON PROBLEMS: ELDER BROTHER
Q50F	Q46	Q50	Q50	EASY TO TALK W/ OTHERS ON PROBLEMS: ELDER SISTER
Q50G	Q46	Q50	Q50	EASY TO TALK W/ OTHERS ON PROBLEMS: BEST FRIEND
Q50H	Q46	Q50	Q50	EASY TO TALK W/ OTHERS ON PROBLEMS: SAME SEX FRIENDS
Q50I	Q46	Q50	Q50	EASY TO TALK W/ OTHERS ON PROBLEMS: OPPOSITE SEX FRIENDS
Q51A	Q47	Q51	Q51	MOTHER KNOWS: WHO YOUR FRIENDS ARE
Q51B	Q47	Q51	Q51	MOTHER KNOWS: HOW YOU SPEND MONEY
Q51C	Q47	Q51	Q51	MOTHER KNOWS: WHERE YOU ARE AFTER SCHOOL
Q51D	Q47	Q51	Q51	MOTHER KNOWS: WHERE YOU GO AT NIGHT
Q51E	Q47	Q51	Q51	MOTHER KNOWS: WHAT YOU DO W/ FREE TIME
Q51A	Q48	Q52	Q52	FATHER KNOWS: WHO YOUR FRIENDS ARE
Q52B	Q48	Q52	Q52	FATHER KNOWS: HOW YOU SPEND MONEY
Q52C	Q48	Q52	Q52	FATHER KNOWS: WHERE YOU ARE AFTER SCHOOL
Q52D	Q48	Q52	Q52	FATHER KNOWS: WHERE YOU GO AT NIGHT
Q52E	Q48	Q52	Q52	FATHER KNOWS: WHAT YOU DO W/ FREE TIME
Q53A	-----	Q53	Q53	PARENT/GUARDIAN: HELPS ME AS MUCH AS I NEED
Q53B	-----	Q53	Q53	PARENT/GUARDIAN: LETS ME DO THE THINGS I LIKE DOING
Q53C	-----	Q53	Q53	PARENT/GUARDIAN: IS LOVING
Q53D	-----	Q53	Q53	PARENT/GUARDIAN: UNDERSTANDS MY PROBLEMS
Q53E	-----	Q53	Q53	PARENT/GUARDIAN: LIKES ME TO MAKE OWN DECISIONS
Q53F	-----	Q53	Q53	PARENT/GUARDIAN: TRIES TO CONTROL EVERYTHING I DO

PUF Variable Name	Grade 5/6 Question #	Grade 7/8/9 Question #	Grade 10 Question #	Variable Label
Q53G	-----	Q53	Q53	PARENT/GUARDIAN: TREATS ME LIKE A BABY
Q53H	-----	Q53	Q53	PARENT/GUARDIAN: MAKES ME FEEL BETTER WHEN UPSET
Q54	Q49	Q54	Q54	SATISFIED W/ FAMILY RELATIONSHIPS
Q55_1	Q50	Q55	Q55	NUMBER OF CLOSE FRIENDS: MALES
Q55_2	Q50	Q55	Q55	NUMBER OF CLOSE FRIENDS: FEMALES
Q56	-----	Q56	Q56	AGE OF FRIENDS IN YOUR GROUP
Q57	Q51	Q57	Q57	DAYS PER WEEK SPEND W/ FRIENDS AFTER SCHOOL
Q58	Q52	Q58	Q58	NIGHTS PER WEEK SPEND W/ FRIENDS
Q59	Q53	Q59	Q59	HOW OFTEN CALL / TEXT FRIENDS
Q60	-----	Q60	Q60	GROUP OF FRIENDS ACCEPTED BY YOUR PARENTS
Q61	Q54	Q61	Q61	TEACHER'S OPINION OF YOUR SCHOOL PERFORMANCE
Q62	Q55	Q62	Q62	PRESENT FEELINGS ABOUT SCHOOL
Q63A	Q56	Q63	Q63	STUDENTS IN MY CLASS: ENJOY BEING TOGETHER
Q63B	Q56	Q63	Q63	STUDENTS IN MY CLASS: ARE KIND AND HELPFUL
Q63C	Q56	Q63	Q63	STUDENTS IN MY CLASS: ACCEPT ME AS I AM
Q64	Q57	Q64	Q64	AMOUNT OF PRESSURE FROM SCHOOLWORK
Q65	Q58	Q65	Q65	HOW OFTEN ARE YOU BULLIED AT SCHOOL
Q66A	Q59	Q66	Q66	HOW OFTEN GOT BULLIED: CALLED NAMES / TEASED
Q66B	Q59	Q66	Q66	HOW OFTEN GOT BULLIED: LEFT OUT OF THINGS
Q66C	Q59	Q66	Q66	HOW OFTEN GOT BULLIED: HIT / KICKED / PUSHED
Q66D	Q59	Q66	Q66	HOW OFTEN GOT BULLIED: OTHERS LIED ABOUT ME
Q66E	Q59	Q66	Q66	HOW OFTEN GOT BULLIED: FOR MY RACE / COLOR
Q66F	Q59	Q66	Q66	HOW OFTEN GOT BULLIED: FOR MY RELIGION
Q66G	Q59	Q66	Q66	HOW OFTEN GOT BULLIED: MADE SEXUAL JOKES TO ME
Q66H	Q59	Q66	Q66	HOW OFTEN GOT BULLIED: USING A COMPUTER / E-MAIL
Q66I	Q59	Q66	Q66	HOW OFTEN GOT BULLIED: USING A CELL PHONE
Q66J	Q59	Q66	Q66	HOW OFTEN GOT BULLIED: USING A COMPUTER / E-MAIL, OUTSIDE OF SCHOOL
Q66K	Q59	Q66	Q66	HOW OFTEN GOT BULLIED: USING A CELL PHONE, OUTSIDE OF SCHOOL
Q67	Q60	Q67	Q67	HOW OFTEN HAVE YOU BULLIED ANOTHER STUDENT
Q68A	Q61	Q68	Q68	HOW OFTEN BULLIED OTHERS: CALLED NAMES / TEASED
Q68B	Q61	Q68	Q68	HOW OFTEN BULLIED OTHERS: LEFT OUT OF THINGS
Q68C	Q61	Q68	Q68	HOW OFTEN BULLIED OTHERS: HIT / KICKED / PUSHED
Q68D	Q61	Q68	Q68	HOW OFTEN BULLIED OTHERS: TOLD LIES ABOUT THEM
Q68E	Q61	Q68	Q68	HOW OFTEN BULLIED OTHERS: FOR THEIR RACE / COLOR
Q68F	Q61	Q68	Q68	HOW OFTEN BULLIED OTHERS: FOR THEIR RELIGION

PUF Variable Name	Grade 5/6 Question #	Grade 7/8/9 Question #	Grade 10 Question #	Variable Label
Q68G	Q61	Q68	Q68	HOW OFTEN BULLIED OTHERS: MADE SEXUAL JOKES TO THEM
Q68H	Q61	Q68	Q68	HOW OFTEN BULLIED OTHERS: USING A COMPUTER / E-MAIL
Q68I	Q61	Q68	Q68	HOW OFTEN BULLIED OTHERS: USING A CELL PHONE
Q68J	Q61	Q68	Q68	HOW OFTEN BULLIED OTHERS: USING A COMPUTER / E-MAIL, OUTSIDE OF SCHOOL
Q68K	Q61	Q68	Q68	HOW OFTEN BULLIED OTHERS: USING A CELL PHONE, OUTSIDE OF SCHOOL
Q69	Q62	Q69	Q69	PAST 12 MONTHS: HOW OFTEN IN A PHYSICAL FIGHT
Q70	-----	Q70	Q70	PAST 12 MONTHS: WHO DID YOU PHYSICALLY FIGHT
Q71	-----	Q71	Q71	PAST 30 DAYS: HOW OFTEN CARRIED A WEAPON
Q72	-----	Q72	Q72	PAST 30 DAYS: WHAT TYPE OF WEAPON CARRIED
Q73	Q63	Q73	Q73	EVER SMOKED TOBACCO
Q74	Q64	Q74	Q74	HOW OFTEN SMOKE TOBACCO PRESENTLY
Q75A	Q65	Q75	Q75	PRESENTLY HOW OFTEN DRINK: BEER
Q75B	Q65	Q75	Q75	PRESENTLY HOW OFTEN DRINK: WINE
Q75C	Q65	Q75	Q75	PRESENTLY HOW OFTEN DRINK: LIQUOR / SPIRITS
Q75D	Q65	Q75	Q75	PRESENTLY HOW OFTEN DRINK: PRE-MIXED DRINKS
Q75E	Q65	Q75	Q75	PRESENTLY HOW OFTEN DRINK: ANY OTHER DRINK
Q76A	Q66	Q76	Q75	PAST 30 DAYS HOW OFTEN: SMOKED CIGARETTES
Q76B	Q66	Q76	Q76	PAST 30 DAYS HOW OFTEN: DRUNK ALCOHOL
Q76C	Q66	Q76	Q76	PAST 30 DAYS HOW OFTEN: BEEN DRUNK
Q77	Q67	Q77	Q77	HOW MANY CIGARETTES SMOKED PER DAY, PAST 30 DAYS
Q78A	Q68	Q78	Q78	HOW MANY FRIENDS: SMOKE CIGARETTES
Q78B	Q68	Q78	Q78	HOW MANY FRIENDS: DRINK ALCOHOL
Q78C	Q68	Q78	Q78	HOW MANY FRIENDS: GET DRUNK ONCE A WEEK
Q78D	Q69	Q78	Q78	HOW MANY FRIENDS: SMOKE / USE MARIJUANA
Q78E	Q68	Q78	Q78	HOW MANY FRIENDS: CARRY A WEAPON
Q79	Q69	Q79	Q79	EVER GOTTEN REALLY DRUNK
Q80A	-----	-----	Q80	WHAT AGE DID YOU FIRST: DRINK ALCOHOL
Q80B	-----	-----	Q80	WHAT AGE DID YOU FIRST: GET DRUNK
Q80C	-----	-----	Q80	WHAT AGE DID YOU FIRST: SMOKE A CIGARETTE
Q81A	Q70	Q80	Q81	EVER HAD MARIJUANA: IN YOUR LIFE
Q81B	Q70	Q80	Q81	EVER HAD MARIJUANA: IN THE LAST 12 MONTHS
Q81C	Q70	Q80	Q81	EVER HAD MARIJUANA: IN THE LAST 30 DAYS
Q82A	-----	-----	Q82	EVER TAKEN DRUG PAST 12 MONTHS: ECSTASY
Q82B	-----	-----	Q82	EVER TAKEN DRUG PAST 12 MONTHS: AMPHETAMINES
Q82C	-----	-----	Q82	EVER TAKEN DRUG PAST 12 MONTHS: OPIATES



PUF Variable Name	Grade 5/6 Question #	Grade 7/8/9 Question #	Grade 10 Question #	Variable Label
Q82D	-----	-----	Q82	EVER TAKEN DRUG PAST 12 MONTHS: MEDICATION TO GET HIGH
Q82E	-----	-----	Q82	EVER TAKEN DRUG PAST 12 MONTHS: COCAINE
Q82F	-----	-----	Q82	EVER TAKEN DRUG PAST 12 MONTHS: GLUE / SOLVENTS
Q82G	-----	-----	Q82	EVER TAKEN DRUG PAST 12 MONTHS: BALTOK
Q82H	-----	-----	Q82	EVER TAKEN DRUG PAST 12 MONTHS: LSD
Q82I	-----	-----	Q82	EVER TAKEN DRUG PAST 12 MONTHS: ANABOLIC STEROIDS
Q82J	-----	-----	Q82	EVER TAKEN DRUG PAST 12 MONTHS: ANY OTHER DRUG
Q83_1	Q71	Q81	Q83	DOES YOUR FATHER HAVE A JOB
Q83_2	Q71	Q81	Q83	WHAT IS YOUR FATHER'S JOB
Q83_3	Q71	Q81	Q83	WHY DOES YOUR FATHER NOT HAVE A JOB
Q84_1	Q72	Q82	Q84	DOES YOUR MOTHER HAVE A JOB
Q84_2	Q72	Q82	Q84	WHAT IS YOUR MOTHER'S JOB
Q84_3	Q72	Q82	Q84	WHY DOES YOUR MOTHER NOT HAVE A JOB
Q85	Q73	Q83	Q85	WERE YOU BORN IN THE UNITED STATES

## 2009–10

# Health Behaviors in School Age Children Survey

This survey asks about your health. It is being given to thousands of young people throughout the U.S. and in many other countries. The information you give will be used to develop better programs for young people like yourself.

This survey is anonymous. DO NOT write your name anywhere on this survey booklet. No one will know what you write and only a computer will read your answers. Answer the questions based on what you really do, think, and feel. There are some questions that describe the types of students answering this survey. We do not want anyone's name. Completing the survey is voluntary. Whether or not you answer the questions will not affect your grade in any class.

Make sure you read every question. You do not have to answer any question that makes you feel uncomfortable. When you are finished, follow the instructions of the person giving you the survey.

### INSTRUCTIONS FOR COMPLETING THE SURVEY

- Read all the printed answers before marking your choice.
- Mark the circle for the one answer that best fits your situation.
- Use a No. 2 pencil.
- Make heavy marks that fill the circle for your answer.
- Erase cleanly any answer you wish to change.
- Please do not make stray marks of any kind.
- For all the questions, except questions 6, 16, and 17, you should mark only one circle for your answer in the column below the question, as shown here:

**EXAMPLE:** Are you a boy or a girl?

- ☐ Boy  
☒ Girl

- Sometimes you will be asked to select one choice for each statement. For these questions, make sure to "Mark one circle on each line" as shown here:

**EXAMPLE:** How often do you do each of the following: (Mark one circle on each line)

	Often	Sometimes	Never
a. Swim	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
b. Bowl	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
c. Play Tennis	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

Public reporting burden for this collection of information is estimated to average 40 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. **An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.** Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0557). Do not return the completed form to this address.

## TODAY'S DATE

Month	Day	
<input type="radio"/> October	<input type="radio"/> 0	<input type="radio"/> 0
<input type="radio"/> November	<input type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/> December	<input type="radio"/> 2	<input type="radio"/> 2
<input type="radio"/> January	<input type="radio"/> 3	<input type="radio"/> 3
<input type="radio"/> February		<input type="radio"/> 4
<input type="radio"/> March		<input type="radio"/> 5
<input type="radio"/> April		<input type="radio"/> 6
<input type="radio"/> May		<input type="radio"/> 7
		<input type="radio"/> 8
		<input type="radio"/> 9

1. Are you a boy or a girl?

- ☐ Boy  
☐ Girl

2. What month were you born?

- |                           |                            |                            |
|---------------------------|----------------------------|----------------------------|
| <input type="radio"/> Jan | <input type="radio"/> May  | <input type="radio"/> Sept |
| <input type="radio"/> Feb | <input type="radio"/> June | <input type="radio"/> Oct  |
| <input type="radio"/> Mar | <input type="radio"/> July | <input type="radio"/> Nov  |
| <input type="radio"/> Apr | <input type="radio"/> Aug  | <input type="radio"/> Dec  |

3a. What year were you born?

- |                            |                            |                            |
|----------------------------|----------------------------|----------------------------|
| <input type="radio"/> 1991 | <input type="radio"/> 1995 | <input type="radio"/> 1999 |
| <input type="radio"/> 1992 | <input type="radio"/> 1996 | <input type="radio"/> 2000 |
| <input type="radio"/> 1993 | <input type="radio"/> 1997 |                            |
| <input type="radio"/> 1994 | <input type="radio"/> 1998 |                            |

3b. How old are you?

- |                                     |                          |                                   |
|-------------------------------------|--------------------------|-----------------------------------|
| <input type="radio"/> 10 or younger | <input type="radio"/> 13 | <input type="radio"/> 16          |
| <input type="radio"/> 11            | <input type="radio"/> 14 | <input type="radio"/> 17 or older |
| <input type="radio"/> 12            | <input type="radio"/> 15 |                                   |

4. What grade are you in?

- |                               |                               |                                |
|-------------------------------|-------------------------------|--------------------------------|
| <input type="radio"/> Grade 5 | <input type="radio"/> Grade 7 | <input type="radio"/> Grade 9  |
| <input type="radio"/> Grade 6 | <input type="radio"/> Grade 8 | <input type="radio"/> Grade 10 |

5. What do you consider your ethnicity to be?

- ☐ Hispanic or Latino  
☐ Not Hispanic or Latino

6. What do you consider your race to be?

(Mark all that apply)

- ☐ Black or African American  
☐ White  
☐ Asian  
☐ American Indian or Alaska Native  
☐ Native Hawaiian or Other Pacific Islander  
☐ Other

7. Here is a picture of a ladder. The top of the ladder '10' is the best possible life for you and the bottom '0' is the worst possible life for you. In general, where on the ladder do you feel you stand at the moment? (Mark the circle next to the number that best describes where you stand)

○	10	Best possible life
○	9	
○	8	
○	7	
○	6	
○	5	
○	4	
○	3	
○	2	
○	1	
○	0	Worst possible life

8. Do you think your body is...?

- ☐ Much too thin  
☐ A bit too thin  
☐ About the right size  
☐ A bit too fat  
☐ Much too fat

9. About how many hours a day do you usually play games on a computer or games console (Playstation, Xbox, GameCube etc.) in your free time? (Please mark one circle for weekdays and one circle for weekend)

### Weekdays

- ☐ None at all  
☐ About half an hour a day  
☐ About 1 hour a day  
☐ About 2 hours a day  
☐ About 3 hours a day  
☐ About 4 hours a day  
☐ About 5 hours a day  
☐ About 6 hours a day  
☐ About 7 or more hours a day

### Weekend

- ☐ None at all  
☐ About half an hour a day  
☐ About 1 hour a day  
☐ About 2 hours a day  
☐ About 3 hours a day  
☐ About 4 hours a day  
☐ About 5 hours a day  
☐ About 6 hours a day  
☐ About 7 or more hours a day

10. About how many hours a day do you usually use a computer for chatting on-line, internet, emailing, homework etc. in your free time?  
(Please mark one circle for weekdays and one circle for weekend)

**Weekdays**

- ☐ None at all  
☐ About half an hour a day  
☐ About 1 hour a day  
☐ About 2 hours a day  
☐ About 3 hours a day  
☐ About 4 hours a day  
☐ About 5 hours a day  
☐ About 6 hours a day  
☐ About 7 or more hours a day

**Weekend**

- ☐ None at all  
☐ About half an hour a day  
☐ About 1 hour a day  
☐ About 2 hours a day  
☐ About 3 hours a day  
☐ About 4 hours a day  
☐ About 5 hours a day  
☐ About 6 hours a day  
☐ About 7 or more hours a day

11. How well off do you think your family is?

- ☐ Very well off  
☐ Quite well off  
☐ Average  
☐ Not very well off  
☐ Not at all well off

12. How many computers does your family own?

- ☐ None  
☐ One  
☐ Two  
☐ More than two

13. Do you have your own bedroom for yourself?

- ☐ No  
☐ Yes

14. Does your family own a car, van or truck?

- ☐ No  
☐ Yes, one  
☐ Yes, two or more

15. During the past 12 months, how many times did you travel away on vacation with your family?

- ☐ Not at all  
☐ Once  
☐ Twice  
☐ More than twice

All families are different (for example, not everyone lives with both their parents; sometimes people live with just one parent, or they have two homes or live with two families) and we would like to know about yours.

16. Please answer this question for the home where you live all or most of the time and check all the people who live there.

**Adults**

- ☐ Mother  
☐ Father  
☐ Stepmother (or father's girlfriend)  
☐ Stepfather (or mother's boyfriend)  
☐ Grandmother  
☐ Grandfather  
☐ I live in a foster home or children's home  
☐ Someone or somewhere else: *please write down their relationship to you*



**Children**

Please say how many brothers and sisters live here (including half, step or foster brothers and sisters).

Please write in the number or write 0 (zero) if there are none.

How many brothers? \_\_\_\_\_ How many sisters? \_\_\_\_\_

17. Do you have another home or another family, such as the case when your parents are separated or divorced?

- ☐ No - GO TO QUESTION 18  
☐ Yes

How often do you stay there?

- ☐ Half the time  
☐ Regularly but less than half the time  
☐ At weekends  
☐ Sometimes  
☐ Hardly ever

Please mark all the people who live there:

**Adults**

- ☐ Mother  
☐ Father  
☐ Stepmother (or father's girlfriend)  
☐ Stepfather (or mother's boyfriend)  
☐ Grandmother  
☐ Grandfather  
☐ I live in a foster home or children's home  
☐ Someone or somewhere else: *please write down their relationship to you*



**Children**

Please say how many brothers and sisters live here (including half, step or foster brothers and sisters). Please write in the number or write 0 (zero) if there are none.

How many brothers? \_\_\_\_\_ How many sisters? \_\_\_\_\_

18. About how many hours a day do you usually watch television (including videos and DVDs) in your free time? (Please mark one circle for week-days and one circle for weekend)

**Weekdays**

- ☐ None at all  
☐ About half an hour a day  
☐ About 1 hour a day  
☐ About 2 hours a day  
☐ About 3 hours a day  
☐ About 4 hours a day  
☐ About 5 hours a day  
☐ About 6 hours a day  
☐ About 7 or more hours a day

**Weekend**

- ☐ None at all  
☐ About half an hour a day  
☐ About 1 hour a day  
☐ About 2 hours a day  
☐ About 3 hours a day  
☐ About 4 hours a day  
☐ About 5 hours a day  
☐ About 6 hours a day  
☐ About 7 or more hours a day

Physical activity is any activity that increases your heart rate and makes you get out of breath some of the time. Physical activity can be done in sports, school activities, playing with friends, or walking to school.

Some examples of physical activity are running, brisk walking, rollerblading, biking, dancing, skateboarding, swimming, soccer, basketball, football, & surfing.

For this next question, add up all the time you spent in physical activity each day.

19. Over the past 7 days, on how many days were you physically active for a total of at least 60 minutes per day?

- ☐ 0 days  
☐ 1 day  
☐ 2 days  
☐ 3 days  
☐ 4 days  
☐ 5 days  
☐ 6 days  
☐ 7 days

20. OUTSIDE SCHOOL HOURS: How OFTEN do you usually exercise in your free time so much that you get out of breath or sweat?

- ☐ Every day  
☐ 4 to 6 times a week  
☐ 2 to 3 times a week  
☐ Once a week  
☐ Once a month  
☐ Less than once a month  
☐ Never

21. OUTSIDE SCHOOL HOURS: How many HOURS a week do you usually exercise in your free time so much that you get out of breath or sweat?

- ☐ None  
☐ About half an hour  
☐ About 1 hour  
☐ About 2 to 3 hours  
☐ About 4 to 6 hours  
☐ 7 hours or more

22. How long does it usually take you to travel to school from your home? (Please mark one circle only)

- ☐ Less than 5 minutes  
☐ 5-15 minutes  
☐ 15-30 minutes  
☐ 30 minutes to 1 hour  
☐ More than 1 hour

23. On a typical day is the MAIN part of your trip TO school made by...? (Please mark one circle only)

- ☐ Walking  
☐ Bicycle  
☐ Bus, train, tram, metro, subway or boat  
☐ Car, motorcycle, moped or motorized scooter  
☐ Other means

24. On a typical day is the MAIN part of your trip FROM school made by...? (Please mark one circle only)

- ☐ Walking  
☐ Bicycle  
☐ Bus, train, tram, metro, subway or boat  
☐ Car, motorcycle, moped or motorized scooter  
☐ Other means

25. How often do you usually have breakfast (more than a glass of milk or fruit juice)?

(Please mark one circle for weekdays and one circle for weekend)

**Weekdays**

- ☐ I never have breakfast during weekdays  
☐ One day  
☐ Two days  
☐ Three days  
☐ Four days  
☐ Five days

**Weekend**

- ☐ I never have breakfast during the weekend  
☐ I usually have breakfast on only one day of the weekend (Saturday OR Sunday)  
☐ I usually have breakfast on both weekend days (Saturday AND Sunday)

26. How many times a week do you usually eat or drink...? (Please mark one circle for each line)

	Every day, more than once	Once a day, every day	5-6 days a week	2-4 days a week	Once a week	Less than once a week	Never
a. Fruits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Vegetables	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Sweets (candy or chocolate)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Coke or other soft drinks that contain sugar	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

27. How often do you eat in a fast food restaurant (for example, McDonalds, KFC, Pizza Hut, Taco Bell)?

- ☐ Never  
☐ Rarely (less than once a month)  
☐ Once a month  
☐ 2-3 times a month  
☐ Once a week  
☐ 2-4 days a week  
☐ 5 or more days a week

28. Some young people go to school or to bed hungry because there is not enough food at home. How often does this happen to you?

- ☐ Always  
☐ Often  
☐ Sometimes  
☐ Never

29. How much do you weigh without clothes? (In pounds)

Example

Weight		
1	5	2
<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0
<input checked="" type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/> 2	<input type="radio"/> 2	<input checked="" type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3
	<input type="radio"/> 4	<input type="radio"/> 4
	<input checked="" type="radio"/> 5	<input type="radio"/> 5
	<input type="radio"/> 6	<input type="radio"/> 6
	<input type="radio"/> 7	<input type="radio"/> 7
	<input type="radio"/> 8	<input type="radio"/> 8
	<input type="radio"/> 9	<input type="radio"/> 9

Weight		
<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0
<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3
	<input type="radio"/> 4	<input type="radio"/> 4
	<input type="radio"/> 5	<input type="radio"/> 5
	<input type="radio"/> 6	<input type="radio"/> 6
	<input type="radio"/> 7	<input type="radio"/> 7
	<input type="radio"/> 8	<input type="radio"/> 8
	<input type="radio"/> 9	<input type="radio"/> 9

30. How tall are you without shoes?

Example

Feet	Inches
5	2
<input type="radio"/> 0	<input type="radio"/> 0
<input type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/> 2	<input checked="" type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 3
<input type="radio"/> 4	<input type="radio"/> 4
<input checked="" type="radio"/> 5	<input type="radio"/> 5
<input type="radio"/> 6	<input type="radio"/> 6
<input type="radio"/> 7	<input type="radio"/> 7
	<input type="radio"/> 8
	<input type="radio"/> 9
	<input type="radio"/> 10
	<input type="radio"/> 11

Feet	Inches
<input type="radio"/> 0	<input type="radio"/> 0
<input type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/> 2	<input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 3
<input type="radio"/> 4	<input type="radio"/> 4
<input type="radio"/> 5	<input type="radio"/> 5
<input type="radio"/> 6	<input type="radio"/> 6
<input type="radio"/> 7	<input type="radio"/> 7
	<input type="radio"/> 8
	<input type="radio"/> 9
	<input type="radio"/> 10
	<input type="radio"/> 11

31. When did you last weigh yourself?

- ☐ Within the last week  
☐ Within the last month  
☐ Within the last 6 months  
☐ More than 6 months ago

32. When did you last measure your height?

- ☐ Within the last week  
☐ Within the last month  
☐ Within the last 6 months  
☐ More than 6 months ago

33. At present are you on a diet or doing something else to lose weight?

- ☐ No, my weight is fine
- ☐ No, but I should lose some weight
- ☐ No, because I need to put on weight
- ☐ Yes

34. Here are some statements about one's feelings of his/her body. There are no right or wrong answers. We would like to know what your feelings of your body are. Please evaluate how the statements relate to you by checking the degree to which you agree or disagree with each one. (Please mark one circle for each line)

	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
a. I am frustrated with my physical appearance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I am satisfied with my appearance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I hate my body	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. I feel comfortable with my body	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. I feel anger toward my body	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. I like my appearance in spite of its imperfections	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

#### GIRLS ONLY

35. Have you begun to menstruate (have periods)?

- ☐ No, I have not yet begun to menstruate
- ☐ Yes, I have begun to menstruate.  
Please indicate the age you were when you began to menstruate. For example, if you began 3 months after your 13th birthday you would indicate the age of 13 years and 3 months. I began at the age of \_\_\_\_\_ years and \_\_\_\_\_ months.

#### BOYS ONLY

36. Have you begun to grow hair on your face?

- ☐ Not yet started
- ☐ Barely started
- ☐ Definitely underway
- ☐ Seems completed

37. How often do you brush your teeth?

- ☐ More than once a day
- ☐ Once a day
- ☐ At least once a week but not daily
- ☐ Less than once a week
- ☐ Never

38. In the last 6 months: how often have you had the following...? (Please mark one circle for each line)

	Rarely or never	About every month	About every week	More than once a week	About every day
a. Headache	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Stomach-ache	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Back ache	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Feeling low	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Irritability or bad temper	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Feeling nervous	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Difficulties in getting to sleep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Feeling dizzy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

39. During the last month have you taken any medicine or tablets for the following?

	No	Yes, once	Yes, more than once
a. Headache	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Stomach-ache	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Difficulties in getting to sleep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Nervousness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Allergy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Something else	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

40. Would you say your health is...? (Please mark one circle)

- ☐ Excellent
- ☐ Good
- ☐ Fair
- ☐ Poor

41. Do you have a long-term illness, disability, or medical condition (like diabetes, arthritis, asthma, allergy, ADHD or cerebral palsy) that has been diagnosed by a doctor?

- ☐ Yes. If Yes, please write what they are.

- ☐ No



42. Do you take medicine for your long-term illness, disability or medical condition?

- ☐ I do not have a long-term illness, disability or medical condition  
☐ Yes  
☐ No

43. Does your long-term illness, disability or medical condition affect your attendance and participation at school?

- ☐ I do not have a long-term illness, disability or medical condition  
☐ Yes  
☐ No

44. Thinking about last week...

	Always	Very often	Quite often	Seldom	Never
a. Have you felt fit and well?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Have you felt full of energy?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Have you felt sad?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Have you felt lonely?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Have you had enough time for yourself?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Have you been able to do the things that you want to do in your free time?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Have your parent(s) treated you fairly?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Have you had fun with your friends?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Have you got on well at school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Have you been able to pay attention?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Many young people get hurt or injured from activities such as playing sports or fighting with others at different places, such as the street or home. Injuries can include being poisoned or burned. Injuries do not include illnesses such as Measles or the Flu. The following question is about injuries you may have had during the past 12 months.

45. During the past 12 months, how many times were you injured and had to be treated by a doctor or nurse?

- ☐ I was not injured in the past 12 months  
☐ 1 time  
☐ 2 times  
☐ 3 times  
☐ 4 times or more

46. How easy is it for you to talk to the following persons about things that really bother you?  
(Please mark one circle for each line)

	Don't have or see this person	Very difficult	Difficult	Easy	Very easy
a. Father	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Stepfather (or mother's boyfriend)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Mother	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Stepmother (or father's girlfriend)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Elder brother (s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Elder sister (s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Best friend	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Friends of the same sex	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Friends of the opposite sex	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

47. How much does your mother (or female guardian) really know about...?

	Don't have/see mother/guardian	She doesn't know anything	She knows a little	She knows a lot
a. Who your friends are	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. How you spend your money	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Where you are after school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Where you go at night	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. What you do with your free time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



48. How much does your father (or male guardian) really know about...?

	Don't have/see father/guardian	He doesn't know anything	He knows a little	He knows a lot
a. Who your friends are	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. How you spend your money	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Where you are after school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Where you go at night	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. What you do with your free time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

49. In general, how satisfied are you with the relationships in your family? (Mark one circle next to the number that best describes your feelings)

<input type="radio"/>	10 We have <u>very good</u> relationships in our family
<input type="radio"/>	9
<input type="radio"/>	8
<input type="radio"/>	7
<input type="radio"/>	6
<input type="radio"/>	5
<input type="radio"/>	4
<input type="radio"/>	3
<input type="radio"/>	2
<input type="radio"/>	1
<input type="radio"/>	0 We have <u>very bad</u> relationships in our family

50. At present, how many close male and female friends do you have? (Please mark one circle for each column)

Males

- ☐ None  
☐ One  
☐ Two  
☐ Three or more

Females

- ☐ None  
☐ One  
☐ Two  
☐ Three or more

51. How many days a week do you usually spend time with friends right after school?

- ☐ 0 days  
☐ 1  
☐ 2  
☐ 3  
☐ 4  
☐ 5  
☐ 6 days

52. How many evenings per week do you usually spend out with your friends?

- ☐ 0 evenings  
☐ 1  
☐ 2  
☐ 3  
☐ 4  
☐ 5  
☐ 6  
☐ 7 evenings

53. How often do you talk to your friend(s) on the phone or send them text messages or have contact through the internet?

- ☐ Rarely or never  
☐ 1 or 2 days a week  
☐ 3 or 4 days a week  
☐ 5 or 6 days a week  
☐ Every day

54. In your opinion, what does your class teacher(s) think about your school performance compared to your classmates?

- ☐ Very good  
☐ Good  
☐ Average  
☐ Below average

55. How do you feel about school at present?

- ☐ I like it a lot  
☐ I like it a bit  
☐ I don't like it very much  
☐ I don't like it at all

56. Here are some statements about the students in your class(es). Please show how much you agree or disagree with each one. (Please mark one circle for each line)

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
a. The students in my class(es) enjoy being together	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Most of the students in my class(es) are kind and helpful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Other students accept me as I am	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

57. How pressured do you feel by the schoolwork you have to do?

- ☐ Not at all  
☐ A little  
☐ Some  
☐ A lot

Here are some questions about bullying. We say a student is BEING BULLIED when another student, or a group of students, say or do nasty and unpleasant things to him or her. It is also bullying when a student is teased repeatedly in a way he or she does not like or when he or she is deliberately left out of things. But it is NOT BULLYING when two students of about the same strength or power argue or fight. It is also not bullying when a student is teased in a friendly and playful way.

58. How often have you been bullied at school in the past couple of months?

- ☐ I haven't been bullied at school the past couple of months  
☐ It has only happened once or twice  
☐ 2 or 3 times a month  
☐ About once a week  
☐ Several times a week

59. How often have you been bullied at school in the past couple of months in the ways listed below? (Please mark one circle for each line)

	Several times a week	About once a week	2 or 3 times a month	Only once or twice	I have not been bullied in this way in the past couple of months
a. I was called mean names, was made fun of, or teased in a hurtful way	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Other students left me out of things on purpose, excluded me from their group of friends, or completely ignored me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I was hit, kicked, pushed, shoved around, or locked indoors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Other students told lies or spread false rumors about me and tried to make others dislike me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. I was bullied with mean names and comments about my race or color	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. I was bullied with mean names and comments about my religion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Other students made sexual jokes, comments, or gestures to me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. I was bullied using a computer or e-mail messages or pictures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. I was bullied using a cell phone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. I was bullied outside of school using a computer or e-mail messages or pictures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. I was bullied outside of school using a cell phone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

60. How often have you taken part in bullying another student(s) at school in the past couple of months?

- ☐ I haven't bullied another student(s) at school in the past couple of months  
☐ It has only happened once or twice  
☐ 2 or 3 times a month  
☐ About once a week  
☐ Several times a week

61. How often have you bullied another student(s) at school in the past couple of months in the ways listed below? (Please mark one circle for each line)

	Several times a week	About once a week	2 or 3 times a month	Only once or twice	I have not bullied another student in this way in the past couple of months
a. I called another student(s) mean names, and made fun of, or teased him or her in a hurtful way	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I kept another student(s) out of things on purpose, excluded him or her from my group of friends, or completely ignored him or her	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I hit, kicked, pushed, shoved around, or locked another student(s) indoors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. I spread false rumors about another student(s) and tried to make others dislike him or her	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. I bullied another student(s) with mean names and comments about his or her race or color	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. I bullied another student(s) with mean names and comments about his or her religion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. I made sexual jokes, comments, or gestures to another student(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. I bullied another student(s) using a computer or e-mail messages or pictures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. I bullied another student(s) using a cell phone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. I bullied others outside of school using a computer or e-mail messages or pictures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. I bullied others outside of school using a cell phone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

62. During the past 12 months, how many times were you in a physical fight?

- ☐ I have not been in a physical fight  
☐ 1 time   ☐ 2 times   ☐ 3 times   ☐ 4 times or more

63. Have you ever smoked tobacco? (At least one cigarette, cigar or pipe)

- ☐ No  
☐ Yes

64. How often do you smoke tobacco at present?

- ☐ Every day  
☐ At least once a week, but not every day  
☐ Less than once a week  
☐ I do not smoke

65. At present, how often do you drink anything alcoholic, such as beer, wine or hard liquor like, Vodka or rum? Try to include even those times when you only drink a small amount (e.g. one or two sips). (Please mark one circle for each line)

	Never	Rarely	Every month	Every week	Every day
a. Beer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Wine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Liquor/Spirits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Pre-mixed drinks (for example, Smirnoff Ice, Bacardi Breezer, Mike's Hard Lemonade)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Any other drink that contains alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

66. On how many occasions (if any) have you done the following things in the last 30 days? (Please mark one circle for each line)

	40 times or more	20-39 times	10-19 times	6-9 times	3-5 times	Once or twice	Never
a. Smoked cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Drunk alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Been drunk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

67. How frequently have you smoked cigarettes during the LAST 30 DAYS?

- ☐ Not at all  
☐ Less than 1 cigarette per week  
☐ Less than 1 cigarette per day  
☐ 1-5 cigarettes per day  
☐ 6-10 cigarettes per day  
☐ 11-20 cigarettes per day  
☐ More than 20 cigarettes per day

68. How many of your friends would you estimate...

	None	A few	Some	Most	All
a. Smoke cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Drink alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Get drunk at least once a week	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Smoke/use marijuana, (pot, weed, hash, joint)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Carry a weapon, such as gun, knife, or club	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

69. Have you ever had so much alcohol that you were really drunk?

- ☐ No, never  
☐ Yes, once  
☐ Yes, 2-3 times  
☐ Yes, 4-10 times  
☐ Yes, more than 10 times

70. Have you ever taken marijuana (pot, weed, hashish, joint)? (Please mark one circle for each line)

	Never	Once or twice	3-5 times	6-9 times	10-19 times	20-39 times	40 times or more
a. In your life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. In the last 12 months	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. In the last 30 days	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

71. FATHER—Does your father have a job?

- ☐ No                      ☐ Don't know  
☐ Yes                      ☐ Don't have or don't see father

If YES, please say in what place he works (for example: hospital, bank, restaurant)

\_\_\_\_\_

Please write down exactly what job he does there (for example: teacher, bus driver)

\_\_\_\_\_

If NO, why does your father not have a job?

(Please mark the circle that best describes the situation)

- ☐ He is sick, or retired, or a student  
☐ He is looking for a job  
☐ He takes care of others, or is full-time in the home  
☐ I don't know

72. MOTHER—Does your mother have a job?

- ☐ No                      ☐ Don't know  
☐ Yes                      ☐ Don't have or don't see mother

If YES, please say in what place she works (for example: hospital, bank, restaurant)

\_\_\_\_\_

Please write down exactly what job she does there (for example: teacher, bus driver)

\_\_\_\_\_

If NO, why does your mother not have a job?

(Please mark the circle that best describes the situation)

- ☐ She is sick, or retired, or a student  
☐ She is looking for a job  
☐ She takes care of others, or is full-time in the home  
☐ I don't know

73. Were you born in the United States?

- ☐ Yes  
☐ No

74. In which country was your mother born?

\_\_\_\_\_

☐ Don't know

75. In which country was your father born?

\_\_\_\_\_

☐ Don't know

76. What language do you most often speak at home?

\_\_\_\_\_

This is the end of the survey.

If there is time, please go back and review each question to be sure you have answered all the questions and followed the directions.

THANK YOU VERY MUCH FOR YOUR HELP!

# 2009–10

## Health Behaviors in School Age Children Survey

This survey asks about your health. It is being given to thousands of young people throughout the U.S. and in many other countries. The information you give will be used to develop better programs for young people like yourself.

This survey is anonymous. DO NOT write your name anywhere on this survey booklet. No one will know what you write and only a computer will read your answers. Answer the questions based on what you really do, think, and feel. There are some questions that describe the types of students answering this survey. We do not want anyone's name. Completing the survey is voluntary. Whether or not you answer the questions will not affect your grade in any class.

Make sure you read every question. You do not have to answer any question that makes you feel uncomfortable. When you are finished, follow the instructions of the person giving you the survey.

### INSTRUCTIONS FOR COMPLETING THE SURVEY

- Read all the printed answers before marking your choice.
- Mark the circle for the one answer that best fits your situation.
- Use a No. 2 pencil.
- Make heavy marks that fill the circle for your answer.
- Erase cleanly any answer you wish to change.
- Please do not make stray marks of any kind.
- For all the questions, except questions 6, 16, and 17, you should mark only one circle for your answer in the column below the question, as shown here:

**EXAMPLE:** Are you a boy or a girl?

- ☐ Boy  
☒ Girl

- Sometimes you will be asked to select one choice for each statement. For these questions, make sure to "Mark one circle on each line" as shown here:

**EXAMPLE:** How often do you do each of the following: (Mark one circle on each line)

	Often	Sometimes	Never
a. Swim	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
b. Bowl	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
c. Play Tennis	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

Public reporting burden for this collection of information is estimated to average 40 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. **An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.** Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0557). Do not return the completed form to this address.

## TODAY'S DATE

Month	Day	
<input type="radio"/> October	<input type="radio"/> 0	<input type="radio"/> 0
<input type="radio"/> November	<input type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/> December	<input type="radio"/> 2	<input type="radio"/> 2
<input type="radio"/> January	<input type="radio"/> 3	<input type="radio"/> 3
<input type="radio"/> February		<input type="radio"/> 4
<input type="radio"/> March		<input type="radio"/> 5
<input type="radio"/> April		<input type="radio"/> 6
<input type="radio"/> May		<input type="radio"/> 7
		<input type="radio"/> 8
		<input type="radio"/> 9

1. Are you a boy or a girl?

- ☐ Boy  
☐ Girl

2. What month were you born?

- |                           |                            |                            |
|---------------------------|----------------------------|----------------------------|
| <input type="radio"/> Jan | <input type="radio"/> May  | <input type="radio"/> Sept |
| <input type="radio"/> Feb | <input type="radio"/> June | <input type="radio"/> Oct  |
| <input type="radio"/> Mar | <input type="radio"/> July | <input type="radio"/> Nov  |
| <input type="radio"/> Apr | <input type="radio"/> Aug  | <input type="radio"/> Dec  |

3a. What year were you born?

- |                            |                            |                            |
|----------------------------|----------------------------|----------------------------|
| <input type="radio"/> 1991 | <input type="radio"/> 1995 | <input type="radio"/> 1999 |
| <input type="radio"/> 1992 | <input type="radio"/> 1996 | <input type="radio"/> 2000 |
| <input type="radio"/> 1993 | <input type="radio"/> 1997 |                            |
| <input type="radio"/> 1994 | <input type="radio"/> 1998 |                            |

3b. How old are you?

- |                                     |                          |                                   |
|-------------------------------------|--------------------------|-----------------------------------|
| <input type="radio"/> 10 or younger | <input type="radio"/> 13 | <input type="radio"/> 16          |
| <input type="radio"/> 11            | <input type="radio"/> 14 | <input type="radio"/> 17 or older |
| <input type="radio"/> 12            | <input type="radio"/> 15 |                                   |

4. What grade are you in?

- |                               |                               |                                |
|-------------------------------|-------------------------------|--------------------------------|
| <input type="radio"/> Grade 5 | <input type="radio"/> Grade 7 | <input type="radio"/> Grade 9  |
| <input type="radio"/> Grade 6 | <input type="radio"/> Grade 8 | <input type="radio"/> Grade 10 |

5. What do you consider your ethnicity to be?

- ☐ Hispanic or Latino  
☐ Not Hispanic or Latino

6. What do you consider your race to be?

(Mark all that apply)

- ☐ Black or African American  
☐ White  
☐ Asian  
☐ American Indian or Alaska Native  
☐ Native Hawaiian or Other Pacific Islander  
☐ Other

7. Here is a picture of a ladder. The top of the ladder '10' is the best possible life for you and the bottom '0' is the worst possible life for you. In general, where on the ladder do you feel you stand at the moment? (Mark the circle next to the number that best describes where you stand)

○	10	Best possible life
○	9	
○	8	
○	7	
○	6	
○	5	
○	4	
○	3	
○	2	
○	1	
○	0	Worst possible life

8. Do you think your body is...?

- ☐ Much too thin  
☐ A bit too thin  
☐ About the right size  
☐ A bit too fat  
☐ Much too fat

9. About how many hours a day do you usually play games on a computer or games console (Playstation, Xbox, GameCube etc.) in your free time? (Please mark one circle for weekdays and one circle for weekend)

### Weekdays

- ☐ None at all  
☐ About half an hour a day  
☐ About 1 hour a day  
☐ About 2 hours a day  
☐ About 3 hours a day  
☐ About 4 hours a day  
☐ About 5 hours a day  
☐ About 6 hours a day  
☐ About 7 or more hours a day

### Weekend

- ☐ None at all  
☐ About half an hour a day  
☐ About 1 hour a day  
☐ About 2 hours a day  
☐ About 3 hours a day  
☐ About 4 hours a day  
☐ About 5 hours a day  
☐ About 6 hours a day  
☐ About 7 or more hours a day

10. About how many hours a day do you usually use a computer for chatting on-line, internet, emailing, homework etc. in your free time?  
(Please mark one circle for weekdays and one circle for weekend)

**Weekdays**

- ☐ None at all  
☐ About half an hour a day  
☐ About 1 hour a day  
☐ About 2 hours a day  
☐ About 3 hours a day  
☐ About 4 hours a day  
☐ About 5 hours a day  
☐ About 6 hours a day  
☐ About 7 or more hours a day

**Weekend**

- ☐ None at all  
☐ About half an hour a day  
☐ About 1 hour a day  
☐ About 2 hours a day  
☐ About 3 hours a day  
☐ About 4 hours a day  
☐ About 5 hours a day  
☐ About 6 hours a day  
☐ About 7 or more hours a day

11. How well off do you think your family is?

- ☐ Very well off  
☐ Quite well off  
☐ Average  
☐ Not very well off  
☐ Not at all well off

12. How many computers does your family own?

- ☐ None  
☐ One  
☐ Two  
☐ More than two

13. Do you have your own bedroom for yourself?

- ☐ No  
☐ Yes

14. Does your family own a car, van or truck?

- ☐ No  
☐ Yes, one  
☐ Yes, two or more

15. During the past 12 months, how many times did you travel away on vacation with your family?

- ☐ Not at all  
☐ Once  
☐ Twice  
☐ More than twice

All families are different (for example, not everyone lives with both their parents; sometimes people live with just one parent, or they have two homes or live with two families) and we would like to know about yours.

16. Please answer this question for the home where you live all or most of the time and check all the people who live there.

**Adults**

- ☐ Mother  
☐ Father  
☐ Stepmother (or father's girlfriend)  
☐ Stepfather (or mother's boyfriend)  
☐ Grandmother  
☐ Grandfather  
☐ I live in a foster home or children's home  
☐ Someone or somewhere else: *please write down their relationship to you*



**Children**

Please say how many brothers and sisters live here (including half, step or foster brothers and sisters).

Please write in the number or write 0 (zero) if there are none.

How many brothers? \_\_\_\_\_ How many sisters? \_\_\_\_\_



17. Do you have another home or another family, such as the case when your parents are separated or divorced?

- ☐ No - GO TO QUESTION 18  
☐ Yes

How often do you stay there?

- ☐ Half the time  
☐ Regularly but less than half the time  
☐ At weekends  
☐ Sometimes  
☐ Hardly ever

Please mark all the people who live there:

**Adults**

- ☐ Mother  
☐ Father  
☐ Stepmother (or father's girlfriend)  
☐ Stepfather (or mother's boyfriend)  
☐ Grandmother  
☐ Grandfather  
☐ I live in a foster home or children's home  
☐ Someone or somewhere else: *please write down their relationship to you*



**Children**

Please say how many brothers and sisters live here (including half, step or foster brothers and sisters). Please write in the number or write 0 (zero) if there are none.

How many brothers? \_\_\_\_\_ How many sisters? \_\_\_\_\_

18. About how many hours a day do you usually watch television (including videos and DVDs) in your free time? (Please mark one circle for week-days and one circle for weekend)

**Weekdays**

- ☐ None at all  
☐ About half an hour a day  
☐ About 1 hour a day  
☐ About 2 hours a day  
☐ About 3 hours a day  
☐ About 4 hours a day  
☐ About 5 hours a day  
☐ About 6 hours a day  
☐ About 7 or more hours a day

**Weekend**

- ☐ None at all  
☐ About half an hour a day  
☐ About 1 hour a day  
☐ About 2 hours a day  
☐ About 3 hours a day  
☐ About 4 hours a day  
☐ About 5 hours a day  
☐ About 6 hours a day  
☐ About 7 or more hours a day

Physical activity is any activity that increases your heart rate and makes you get out of breath some of the time. Physical activity can be done in sports, school activities, playing with friends, or walking to school.

Some examples of physical activity are running, brisk walking, rollerblading, biking, dancing, skateboarding, swimming, soccer, basketball, football, & surfing.

For this next question, add up all the time you spent in physical activity each day.

19. Over the past 7 days, on how many days were you physically active for a total of at least 60 minutes per day?

- ☐ 0 days  
☐ 1 day  
☐ 2 days  
☐ 3 days  
☐ 4 days  
☐ 5 days  
☐ 6 days  
☐ 7 days

20. OUTSIDE SCHOOL HOURS: How OFTEN do you usually exercise in your free time so much that you get out of breath or sweat?

- ☐ Every day  
☐ 4 to 6 times a week  
☐ 2 to 3 times a week  
☐ Once a week  
☐ Once a month  
☐ Less than once a month  
☐ Never

21. OUTSIDE SCHOOL HOURS: How many HOURS a week do you usually exercise in your free time so much that you get out of breath or sweat?

- ☐ None  
☐ About half an hour  
☐ About 1 hour  
☐ About 2 to 3 hours  
☐ About 4 to 6 hours  
☐ 7 hours or more

22. How long does it usually take you to travel to school from your home? (Please mark one circle only)

- ☐ Less than 5 minutes  
☐ 5-15 minutes  
☐ 15-30 minutes  
☐ 30 minutes to 1 hour  
☐ More than 1 hour



23. On a typical day is the **MAIN** part of your trip **TO** school made by...? (Please mark one circle only)

- ☐ Walking
- ☐ Bicycle
- ☐ Bus, train, tram, metro, subway or boat
- ☐ Car, motorcycle, moped or motorized scooter
- ☐ Other means

24. On a typical day is the **MAIN** part of your trip **FROM** school made by...? (Please mark one circle only)

- ☐ Walking
- ☐ Bicycle
- ☐ Bus, train, tram, metro, subway or boat
- ☐ Car, motorcycle, moped or motorized scooter
- ☐ Other means

25. How often do you usually have breakfast (more than a glass of milk or fruit juice)?

(Please mark one circle for weekdays and one circle for weekend)

**Weekdays**

- ☐ I never have breakfast during weekdays
- ☐ One day
- ☐ Two days
- ☐ Three days
- ☐ Four days
- ☐ Five days

**Weekend**

- ☐ I never have breakfast during the weekend
- ☐ I usually have breakfast on only one day of the weekend (Saturday OR Sunday)
- ☐ I usually have breakfast on both weekend days (Saturday AND Sunday)

26. How many times a week do you usually eat or drink...? (Please mark one circle for each line)

	Every day, more than once	Once a day, every day	5-6 days a week	2-4 days a week	Once a week	Less than once a week	Never
a. Fruits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Vegetables	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Sweets (candy or chocolate)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Coke or other soft drinks that contain sugar	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

27. How often do you have breakfast together with your mother or father?

- ☐ Never
- ☐ Less than once a week
- ☐ 1-2 days a week
- ☐ 3-4 days a week
- ☐ 5-6 days a week
- ☐ Every day

28. How often do you have an evening meal together with your mother or father?

- ☐ Never
- ☐ Less than once a week
- ☐ 1-2 days a week
- ☐ 3-4 days a week
- ☐ 5-6 days a week
- ☐ Every day

29. Where do you usually eat your mid-day meal on schooldays?

- ☐ At school
- ☐ At home
- ☐ At someone else's home
- ☐ In a snack-bar, fast food restaurant, café
- ☐ Somewhere else: (Please write down where)

☐ I never eat a mid-day meal

30. How often do you eat a snack while you...?

	Every day	5-6 days a week	3-4 days a week	1-2 days a week	Less than once a week	Never
a. Watch TV (including videos and DVDs)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Work or play on a computer or games console?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

31. How often do you eat in a fast food restaurant (for example, McDonalds, KFC, Pizza Hut, Taco Bell)?

- ☐ Never
- ☐ Rarely (less than once a month)
- ☐ Once a month
- ☐ 2-3 times a month
- ☐ Once a week
- ☐ 2-4 days a week
- ☐ 5 or more days a week

32. Some young people go to school or to bed hungry because there is not enough food at home. How often does this happen to you?

- ☐ Always
- ☐ Often
- ☐ Sometimes
- ☐ Never

**33. How much do you weigh without clothes? (In pounds)**

Example

Weight			Weight		
1	5	2			
<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0
<input checked="" type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/> 2	<input type="radio"/> 2	<input checked="" type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3
	<input type="radio"/> 4	<input type="radio"/> 4		<input type="radio"/> 4	<input type="radio"/> 4
	<input checked="" type="radio"/> 5	<input type="radio"/> 5		<input type="radio"/> 5	<input type="radio"/> 5
	<input type="radio"/> 6	<input type="radio"/> 6		<input type="radio"/> 6	<input type="radio"/> 6
	<input type="radio"/> 7	<input type="radio"/> 7		<input type="radio"/> 7	<input type="radio"/> 7
	<input type="radio"/> 8	<input type="radio"/> 8		<input type="radio"/> 8	<input type="radio"/> 8
	<input type="radio"/> 9	<input type="radio"/> 9		<input type="radio"/> 9	<input type="radio"/> 9

**34. How tall are you without shoes?**

Example

Feet	Inches	Feet	Inches
5	2		
<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0
<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/> 2	<input checked="" type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3
<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4
<input checked="" type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5
<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6
<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7
	<input type="radio"/> 8		<input type="radio"/> 8
	<input type="radio"/> 9		<input type="radio"/> 9
	<input type="radio"/> 10		<input type="radio"/> 10
	<input type="radio"/> 11		<input type="radio"/> 11

**35. When did you last weigh yourself?**

- ☐ Within the last week
- ☐ Within the last month
- ☐ Within the last 6 months
- ☐ More than 6 months ago

**36. When did you last measure your height?**

- ☐ Within the last week
- ☐ Within the last month
- ☐ Within the last 6 months
- ☐ More than 6 months ago

**37. At present are you on a diet or doing something else to lose weight?**

- ☐ No, my weight is fine
- ☐ No, but I should lose some weight
- ☐ No, because I need to put on weight
- ☐ Yes

**38. Here are some statements about one's feelings of his/her body. There are no right or wrong answers. We would like to know what your feelings of your body are. Please evaluate how the statements relate to you by checking the degree to which you agree or disagree with each one. (Please mark one circle for each line)**

	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
a. I am frustrated with my physical appearance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I am satisfied with my appearance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I hate my body	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. I feel comfortable with my body	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. I feel anger toward my body	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. I like my appearance in spite of its imperfections	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**GIRLS ONLY**

**39. Have you begun to menstruate (have periods)?**

- ☐ No, I have not yet begun to menstruate
- ☐ Yes, I have begun to menstruate.

Please indicate the age you were when you began to menstruate. For example, if you began 3 months after your 13th birthday you would indicate the age of 13 years and 3 months. I began at the age of \_\_\_\_\_ years and \_\_\_\_\_ months.

**BOYS ONLY**

**40. Have you begun to grow hair on your face?**

- ☐ Not yet started
- ☐ Barely started
- ☐ Definitely underway
- ☐ Seems completed

**41. How often do you brush your teeth?**

- ☐ More than once a day
- ☐ Once a day
- ☐ At least once a week but not daily
- ☐ Less than once a week
- ☐ Never

42. In the last 6 months: how often have you had the following...? (Please mark one circle for each line)

	Rarely or never	About every month	About every week	More than once a week	About every day
a. Headache	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Stomach-ache	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Back ache	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Feeling low	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Irritability or bad temper	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Feeling nervous	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Difficulties in getting to sleep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Feeling dizzy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

43. During the last month have you taken any medicine or tablets for the following?

	No	Yes, once	Yes, more than once
a. Headache	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Stomach-ache	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Difficulties in getting to sleep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Nervousness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Allergy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Something else	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

44. Would you say your health is...? (Please mark one circle)

<input type="radio"/> Excellent	<input type="radio"/> Fair
<input type="radio"/> Good	<input type="radio"/> Poor

45. Do you have a long-term illness, disability, or medical condition (like diabetes, arthritis, asthma, allergy, ADHD or cerebral palsy) that has been diagnosed by a doctor?

☐ Yes. If Yes, please write what they are.

☐ No

46. Do you take medicine for your long-term illness, disability or medical condition?

☐ I do not have a long-term illness, disability or medical condition

☐ Yes

☐ No

47. Does your long-term illness, disability or medical condition affect your attendance and participation at school?

☐ I do not have a long-term illness, disability or medical condition

☐ Yes

☐ No

48. Thinking about last week...

	Never	Seldom	Quite often	Very often	Always
a. Have you felt fit and well?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Have you felt full of energy?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Have you felt sad?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Have you felt lonely?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Have you had enough time for yourself?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Have you been able to do the things that you want to do in your free time?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Have your parent(s) treated you fairly?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Have you had fun with your friends?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Have you got on well at school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Have you been able to pay attention?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Many young people get hurt or injured from activities such as playing sports or fighting with others at different places, such as the street or home. Injuries can include being poisoned or burned. Injuries do not include illnesses such as Measles or the Flu. The following question is about injuries you may have had during the past 12 months.

49. During the past 12 months, how many times were you injured and had to be treated by a doctor or nurse?

☐ I was not injured in the past 12 months

☐ 1 time

☐ 2 times

☐ 3 times

☐ 4 times or more

50. How easy is it for you to talk to the following persons about things that really bother you?  
(Please mark one circle for each line)

	Don't have or see this person	Very difficult	Difficult	Easy	Very easy
a. Father	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Stepfather (or mother's boyfriend)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Mother	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Stepmother (or father's girlfriend)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Elder brother (s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Elder sister (s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Best friend	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Friends of the same sex	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Friends of the opposite sex	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

51. How much does your mother (or female guardian) really know about...?

	Don't have/see mother/guardian	She doesn't know anything	She knows a little	She knows a lot
a. Who your friends are	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. How you spend your money	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Where you are after school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Where you go at night	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. What you do with your free time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

52. How much does your father (or male guardian) really know about...?

	Don't have/see father/guardian	He doesn't know anything	He knows a little	He knows a lot
a. Who your friends are	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. How you spend your money	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Where you are after school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Where you go at night	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. What you do with your free time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

53. My parent/guardian... (Please mark one circle for each line)

	Don't have or don't see parent/guardian	Almost never	Sometimes	Almost always
a. Helps me as much as I need	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Lets me do the things I like doing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Is loving	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Understands my problems and worries	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Likes me to make my own decisions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Tries to control everything I do	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Treats me like a baby	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Makes me feel better when I am upset	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

54. In general, how satisfied are you with the relationships in your family? (Mark one circle next to the number that best describes your feelings)

<input type="radio"/>	10 We have <u>very good</u> relationships in our family
<input type="radio"/>	9
<input type="radio"/>	8
<input type="radio"/>	7
<input type="radio"/>	6
<input type="radio"/>	5
<input type="radio"/>	4
<input type="radio"/>	3
<input type="radio"/>	2
<input type="radio"/>	1
<input type="radio"/>	0 We have <u>very bad</u> relationships in our family

55. At present, how many close male and female friends do you have? (Please mark one circle for each column)

Males	Females
<input type="radio"/> None	<input type="radio"/> None
<input type="radio"/> One	<input type="radio"/> One
<input type="radio"/> Two	<input type="radio"/> Two
<input type="radio"/> Three or more	<input type="radio"/> Three or more

56. Are MOST of the friends in your group...  
☐ More or less your same age (same grade)  
☐ Older than you (by one grade or more)  
☐ Younger than you (by one grade or more)

57. How many days a week do you usually spend time with friends right after school?

- ☐ 0 days  
☐ 1  
☐ 2  
☐ 3  
☐ 4  
☐ 5  
☐ 6 days

58. How many evenings per week do you usually spend out with your friends?

- ☐ 0 evenings  
☐ 1  
☐ 2  
☐ 3  
☐ 4  
☐ 5  
☐ 6  
☐ 7 evenings

59. How often do you talk to your friend(s) on the phone or send them text messages or have contact through the internet?

- ☐ Rarely or never  
☐ 1 or 2 days a week  
☐ 3 or 4 days a week  
☐ 5 or 6 days a week  
☐ Every day

60. Your group of friends is well accepted by your parents?

- ☐ Almost always  
☐ Sometimes  
☐ Never, almost never  
☐ They haven't met your group of friends

61. In your opinion, what does your class teacher(s) think about your school performance compared to your classmates?

- ☐ Very good  
☐ Good  
☐ Average  
☐ Below average

62. How do you feel about school at present?

- ☐ I like it a lot  
☐ I like it a bit  
☐ I don't like it very much  
☐ I don't like it at all

63. Here are some statements about the students in your class(es). Please show how much you agree or disagree with each one. (Please mark one circle for each line)

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
a. The students in my class(es) enjoy being together	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Most of the students in my class(es) are kind and helpful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Other students accept me as I am	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

64. How pressured do you feel by the schoolwork you have to do?

- ☐ Not at all  
☐ A little  
☐ Some  
☐ A lot

Here are some questions about bullying. We say a student is BEING BULLIED when another student, or a group of students, say or do nasty and unpleasant things to him or her. It is also bullying when a student is teased repeatedly in a way he or she does not like or when he or she is deliberately left out of things. But it is NOT BULLYING when two students of about the same strength or power argue or fight. It is also not bullying when a student is teased in a friendly and playful way.

65. How often have you been bullied at school in the past couple of months?

- ☐ I haven't been bullied at school the past couple of months  
☐ It has only happened once or twice  
☐ 2 or 3 times a month  
☐ About once a week  
☐ Several times a week

66. How often have you been bullied at school in the past couple of months in the ways listed below?  
(Please mark one circle for each line)

	Several times a week				
	About once a week				
	2 or 3 times a month				
	Only once or twice				
	I have not been bullied in this way in the past couple of months				
a. I was called mean names, was made fun of, or teased in a hurtful way	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Other students left me out of things on purpose, excluded me from their group of friends, or completely ignored me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I was hit, kicked, pushed, shoved around, or locked indoors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Other students told lies or spread false rumors about me and tried to make others dislike me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. I was bullied with mean names and comments about my race or color	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. I was bullied with mean names and comments about my religion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Other students made sexual jokes, comments, or gestures to me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. I was bullied using a computer or e-mail messages or pictures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. I was bullied using a cell phone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. I was bullied outside of school using a computer or e-mail messages or pictures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. I was bullied outside of school using a cell phone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

67. How often have you taken part in bullying another student(s) at school in the past couple of months?

- ☐ I haven't bullied another student(s) at school in the past couple of months  
☐ It has only happened once or twice  
☐ 2 or 3 times a month  
☐ About once a week  
☐ Several times a week

68. How often have you bullied another student(s) at school in the past couple of months in the ways listed below? (Please mark one circle for each line)

	Several times a week				
	About once a week				
	2 or 3 times a month				
	Only once or twice				
	I have not bullied another student in this way in the past couple of months				
a. I called another student(s) mean names, and made fun of, or teased him or her in a hurtful way	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I kept another student(s) out of things on purpose, excluded him or her from my group of friends, or completely ignored him or her	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I hit, kicked, pushed, shoved around, or locked another student(s) indoors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. I spread false rumors about another student(s) and tried to make others dislike him or her	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. I bullied another student(s) with mean names and comments about his or her race or color	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. I bullied another student(s) with mean names and comments about his or her religion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. I made sexual jokes, comments, or gestures to another student(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. I bullied another student(s) using a computer or e-mail messages or pictures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. I bullied another student(s) using a cell phone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. I bullied others outside of school using a computer or e-mail messages or pictures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. I bullied others outside of school using a cell phone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

69. During the past 12 months, how many times were you in a physical fight?

- ☐ I have not been in a physical fight  
☐ 1 time   ☐ 2 times   ☐ 3 times   ☐ 4 times or more

70. The last time you were in a physical fight during the past 12 months, with whom did you fight?

- ☐ I have not been in a physical fight in the past 12 months  
☐ A total stranger  
☐ A parent or other adult family member  
☐ A brother or sister  
☐ A boyfriend/girlfriend or date  
☐ A friend or someone I know  
☐ Someone not listed above



71. During the past 30 days, on how many days did you carry a weapon, such as a gun, knife or club?

- ☐ I did not carry a weapon during the past 30 days  
☐ 1 day  
☐ 2 to 3 days  
☐ 4 to 5 days  
☐ 6 or more days

72. The last time you carried a weapon during the past 30 days, what type of weapon was it?

- ☐ I did not carry a weapon during the past 30 days  
☐ Knife or pocketknife  
☐ Stick or club  
☐ Knuckle-brace/brass knuckles  
☐ Tear gas/pepper spray/Mace  
☐ Handgun or other firearm  
☐ Other type, please specify:  
 \_\_\_\_\_

73. Have you ever smoked tobacco? (At least one cigarette, cigar or pipe)

- ☐ No  
☐ Yes

74. How often do you smoke tobacco at present?

- ☐ Every day  
☐ At least once a week, but not every day  
☐ Less than once a week  
☐ I do not smoke

75. At present, how often do you drink anything alcoholic, such as beer, wine or hard liquor like, Vodka or rum? Try to include even those times when you only drink a small amount (e.g. one or two sips). (Please mark one circle for each line)

	Never	Rarely	Every month	Every week	Every day
a. Beer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Wine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Liquor/Spirits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Pre-mixed drinks (for example, Smirnoff Ice, Bacardi Breezer, Mike's Hard Lemonade)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Any other drink that contains alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

76. On how many occasions (if any) have you done the following things in the last 30 days? (Please mark one circle for each line)

	40 times or more	20-39 times	10-19 times	6-9 times	3-5 times	Once or twice	Never
a. Smoked cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Drunk alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Been drunk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

77. How frequently have you smoked cigarettes during the LAST 30 DAYS?

- ☐ Not at all  
☐ Less than 1 cigarette per week  
☐ Less than 1 cigarette per day  
☐ 1-5 cigarettes per day  
☐ 6-10 cigarettes per day  
☐ 11-20 cigarettes per day  
☐ More than 20 cigarettes per day

78. How many of your friends would you estimate...

	All	Most	Some	A few	None
a. Smoke cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Drink alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Get drunk at least once a week	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Smoke/use marijuana, (pot, weed, hash, joint)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Carry a weapon, such as gun, knife, or club	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

79. Have you ever had so much alcohol that you were really drunk?

- ☐ No, never  
☐ Yes, once  
☐ Yes, 2-3 times  
☐ Yes, 4-10 times  
☐ Yes, more than 10 times

80. Have you ever taken marijuana (pot, weed, hashish, joint)? *(Please mark one circle for each line)*

	40 times or more	20-39 times	10-19 times	6-9 times	3-5 times	Once or twice	Never
a. In your life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. In the last 12 months	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. In the last 30 days	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

81. FATHER—Does your father have a job?

- ☐ No                      ☐ Don't know  
☐ Yes                      ☐ Don't have or don't see father

If YES, please say in what place he works  
(for example: hospital, bank, restaurant)

Please write down exactly what job he does  
there (for example: teacher, bus driver)

If NO, why does your father not have a job?

*(Please mark the circle that best describes the situation)*

- ☐ He is sick, or retired, or a student  
☐ He is looking for a job  
☐ He takes care of others, or is full-time in the home  
☐ I don't know

82. MOTHER—Does your mother have a job?

- ☐ No                      ☐ Don't know  
☐ Yes                      ☐ Don't have or don't see mother

If YES, please say in what place she works  
(for example: hospital, bank, restaurant)

Please write down exactly what job she does  
there (for example: teacher, bus driver)

If NO, why does your mother not have a job?

*(Please mark the circle that best describes the situation)*

- ☐ She is sick, or retired, or a student  
☐ She is looking for a job  
☐ She takes care of others, or is full-time in the home  
☐ I don't know

83. Were you born in the United States?

- ☐ Yes  
☐ No

84. In which country was your mother born?

☐ Don't know

85. In which country was your father born?

☐ Don't know

86. What language do you most often speak at home?

This is the end of the survey.

If there is time, please go back and review each question to be sure you have answered all the questions and followed the directions.

THANK YOU VERY MUCH FOR YOUR HELP!



## 2009–10

# Health Behaviors in School Age Children Survey

This survey asks about your health. It is being given to thousands of young people throughout the U.S. and in many other countries. The information you give will be used to develop better programs for young people like yourself.

This survey is anonymous. DO NOT write your name anywhere on this survey booklet. No one will know what you write and only a computer will read your answers. Answer the questions based on what you really do, think, and feel. There are some questions that describe the types of students answering this survey. We do not want anyone's name. Completing the survey is voluntary. Whether or not you answer the questions will not affect your grade in any class.

Make sure you read every question. You do not have to answer any question that makes you feel uncomfortable. When you are finished, follow the instructions of the person giving you the survey.

### INSTRUCTIONS FOR COMPLETING THE SURVEY

- Read all the printed answers before marking your choice.
- Mark the circle for the one answer that best fits your situation.
- Use a No. 2 pencil.
- Make heavy marks that fill the circle for your answer.
- Erase cleanly any answer you wish to change.
- Please do not make stray marks of any kind.
- For all the questions, except questions 6, 16, and 17, you should mark only one circle for your answer in the column below the question, as shown here:

**EXAMPLE:** Are you a boy or a girl?

- ☐ Boy  
☒ Girl

- Sometimes you will be asked to select one choice for each statement. For these questions, make sure to "Mark one circle on each line" as shown here:

**EXAMPLE:** How often do you do each of the following: (Mark one circle on each line)

	Often	Sometimes	Never
a. Swim	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
b. Bowl	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
c. Play Tennis	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

Public reporting burden for this collection of information is estimated to average 40 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. **An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.** Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0557). Do not return the completed form to this address.

**\*\*Values Note:** the following are used throughout: M=Missing/blank, R=Refusal/Skip

## TODAY'S DATE

Month	Day	
MONTH		DATED
<input type="radio"/> October	<input type="radio"/> 0	<input type="radio"/> 0
<input type="radio"/> November	<input type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/> December	<input type="radio"/> 2	<input type="radio"/> 2
<input type="radio"/> January	<input type="radio"/> 3	<input type="radio"/> 3
<input type="radio"/> February		<input type="radio"/> 4
<input type="radio"/> March		<input type="radio"/> 5
<input type="radio"/> April		<input type="radio"/> 6
<input type="radio"/> May		<input type="radio"/> 7
		<input type="radio"/> 8
		<input type="radio"/> 9

1-31, \*\*

## 1. Are you a boy or a girl?

M1 Sex

- ☐ Boy <sub>1</sub> \*\*
- ☐ Girl <sub>2</sub>

## 2. What month were you born?

M3 Month

- ☐ Jan <sub>01</sub>      ☐ May <sub>05</sub>      ☐ Sept <sub>09</sub>
- ☐ Feb <sub>02</sub>      ☐ June <sub>06</sub>      ☐ Oct <sub>10</sub>
- ☐ Mar <sub>03</sub>      ☐ July <sub>07</sub>      ☐ Nov <sub>11</sub>
- ☐ Apr <sub>04</sub>      ☐ Aug <sub>08</sub>      ☐ Dec <sub>12</sub>

## 3a. What year were you born?

M4 Year

- ☐ 1991 <sub>1991</sub>      ☐ 1995 <sub>1995</sub>      ☐ 1999 <sub>1999</sub>
- ☐ 1992 <sub>1992</sub>      ☐ 1996 <sub>1996</sub>      ☐ 2000 <sub>2000</sub>
- ☐ 1993 <sub>1993</sub>      ☐ 1997 <sub>1997</sub>
- ☐ 1994 <sub>1994</sub>      ☐ 1998 <sub>1998</sub>

## 3b. How old are you?

x43

- ☐ 10 or younger <sub>1</sub>      ☐ 13 <sub>4</sub>      ☐ 16 <sub>7</sub>
- ☐ 11 <sub>2</sub>      ☐ 14 <sub>5</sub>      ☐ 17 or older <sub>8</sub>
- ☐ 12 <sub>3</sub>      ☐ 15 <sub>6</sub>

## 4. What grade are you in?

M2 Grade

- ☐ Grade 5 <sub>1</sub>      ☐ Grade 7 <sub>3</sub>      ☐ Grade 9 <sub>5</sub>
- ☐ Grade 6 <sub>2</sub>      ☐ Grade 8 <sub>4</sub>      ☐ Grade 10 <sub>6</sub>

## 5. What do you consider your ethnicity to be?

x1

- ☐ Hispanic or Latino <sub>1</sub>
- ☐ Not Hispanic or Latino <sub>2</sub>

## 6. What do you consider your race to be?

(Mark all that apply)

- x2a ☐ Black or African American <sub>1</sub>
- x2b ☐ White <sub>2</sub>
- x2c ☐ Asian <sub>3</sub>
- x2d ☐ American Indian or Alaska Native <sub>4</sub>
- x2e ☐ Native Hawaiian or Other Pacific Islander <sub>5</sub>
- x2f ☐ Other <sub>6</sub>

x3

[keyed/scanned text]

7. Here is a picture of a ladder. The top of the ladder '10' is the best possible life for you and the bottom '0' is the worst possible life for you. In general, where on the ladder do you feel you stand at the moment? (Mark the circle next to the number that best describes where you stand)

<input type="radio"/>	10	Best possible life
<input type="radio"/>	9	
<input type="radio"/>	8	
<input type="radio"/>	7	
<input type="radio"/>	6	
<input type="radio"/>	5	
<input type="radio"/>	4	
<input type="radio"/>	3	
<input type="radio"/>	2	
<input type="radio"/>	1	
<input type="radio"/>	0	Worst possible life

## 8. Do you think your body is...?

M12 Thkbodyb

- ☐ Much too thin <sub>1</sub>
- ☐ A bit too thin <sub>2</sub>
- ☐ About the right size <sub>3</sub>
- ☐ A bit too fat <sub>4</sub>
- ☐ Much too fat <sub>5</sub>

9. About how many hours a day do you usually play games on a computer or games console (Playstation, Xbox, GameCube etc.) in your free time? (Please mark one circle for weekdays and one circle for weekend)

M21 Compdw

M22 Compwnd

WeekdaysWeekend

- |  |  |
|--|--|
| <input type="radio"/> None at all <sub>1</sub>                 | <input type="radio"/> None at all <sub>1</sub>                 |
| <input type="radio"/> About half an hour a day <sub>2</sub>    | <input type="radio"/> About half an hour a day <sub>2</sub>    |
| <input type="radio"/> About 1 hour a day <sub>3</sub>          | <input type="radio"/> About 1 hour a day <sub>3</sub>          |
| <input type="radio"/> About 2 hours a day <sub>4</sub>         | <input type="radio"/> About 2 hours a day <sub>4</sub>         |
| <input type="radio"/> About 3 hours a day <sub>5</sub>         | <input type="radio"/> About 3 hours a day <sub>5</sub>         |
| <input type="radio"/> About 4 hours a day <sub>6</sub>         | <input type="radio"/> About 4 hours a day <sub>6</sub>         |
| <input type="radio"/> About 5 hours a day <sub>7</sub>         | <input type="radio"/> About 5 hours a day <sub>7</sub>         |
| <input type="radio"/> About 6 hours a day <sub>8</sub>         | <input type="radio"/> About 6 hours a day <sub>8</sub>         |
| <input type="radio"/> About 7 or more hours a day <sub>9</sub> | <input type="radio"/> About 7 or more hours a day <sub>9</sub> |

10. About how many hours a day do you usually use a computer for chatting on-line, internet, emailing, homework etc. in your free time?  
(Please mark one circle for weekdays and one circle for weekend)

M23 Comusew		M24 Comusewk	
<u>Weekdays</u>		<u>Weekend</u>	
<input type="radio"/> None at all <sub>1</sub>		<input type="radio"/> None at all <sub>1</sub>	
<input type="radio"/> About half an hour a day <sub>2</sub>		<input type="radio"/> About half an hour a day <sub>2</sub>	
<input type="radio"/> About 1 hour a day <sub>3</sub>		<input type="radio"/> About 1 hour a day <sub>3</sub>	
<input type="radio"/> About 2 hours a day <sub>4</sub>		<input type="radio"/> About 2 hours a day <sub>4</sub>	
<input type="radio"/> About 3 hours a day <sub>5</sub>		<input type="radio"/> About 3 hours a day <sub>5</sub>	
<input type="radio"/> About 4 hours a day <sub>6</sub>		<input type="radio"/> About 4 hours a day <sub>6</sub>	
<input type="radio"/> About 5 hours a day <sub>7</sub>		<input type="radio"/> About 5 hours a day <sub>7</sub>	
<input type="radio"/> About 6 hours a day <sub>8</sub>		<input type="radio"/> About 6 hours a day <sub>8</sub>	
<input type="radio"/> About 7 or more hours a day <sub>9</sub>		<input type="radio"/> About 7 or more hours a day <sub>9</sub>	

11. How well off do you think your family is?

M122 Welloffb

☐ Very well off<sub>1</sub>

☐ Quite well off<sub>2</sub>

☐ Average<sub>3</sub>

☐ Not very well off<sub>4</sub>

☐ Not at all well off<sub>5</sub>

12. How many computers does your family own?

M121 Nocomput

☐ None<sub>1</sub>

☐ One<sub>2</sub>

☐ Two<sub>3</sub>

☐ More than two<sub>4</sub>

13. Do you have your own bedroom for yourself?

M119 Ownbedr

☐ No<sub>1</sub>

☐ Yes<sub>2</sub>

14. Does your family own a car, van or truck?

M118 Famcar

☐ No<sub>1</sub>

☐ Yes, one<sub>2</sub>

☐ Yes, two or more<sub>3</sub>

15. During the past 12 months, how many times did you travel away on vacation with your family?

M120 Holidays

☐ Not at all<sub>1</sub>

☐ Once<sub>2</sub>

☐ Twice<sub>3</sub>

☐ More than twice<sub>4</sub>

All families are different (for example, not everyone lives with both their parents; sometimes people live with just one parent, or they have two homes or live with two families) and we would like to know about yours.

16. Please answer this question for the home where you live all or most of the time and check all the people who live there.

Adults

For All: 1=Yes, 2=No

M60 ☐ Mother

M61 ☐ Father

M62 ☐ Stepmother (or father's girlfriend)

M63 ☐ Stepfather (or mother's boyfriend)

M64 ☐ Grandmother

M65 ☐ Grandfather

M66 ☐ I live in a foster home or children's home

M67 ☐ Someone or somewhere else: *please write down their relationship to you*

x4 [Keyed/Scanned Text]



Children

Please say how many brothers and sisters live here (including half, step or foster brothers and sisters).

Please write in the number or write 0 (zero) if there are none.

M68 How many brothers? [0-99] M69 How many sisters? [0-99]

M70 Secondh 17. Do you have another home or another family, such as the case when your parents are separated or divorced?

☐ No - GO TO QUESTION 18<sub>2</sub>

☐ Yes<sub>1</sub>

M71 Timesh How often do you stay there?

☐ Half the time<sub>1</sub>

☐ Regularly but less than half the time<sub>2</sub>

☐ At weekends<sub>3</sub>

☐ Sometimes<sub>4</sub>

☐ Hardly ever<sub>5</sub>

Please mark all the people who live there:

Adults

For all: 1=Yes, 2=No

- M72 ☐ Mother
- M73 ☐ Father
- M74 ☐ Stepmother (or father's girlfriend)
- M75 ☐ Stepfather (or mother's boyfriend)
- M76 ☐ Grandmother
- M77 ☐ Grandfather
- M78 ☐ I live in a foster home or children's home
- ☐ Someone or somewhere else: *please write down their relationship to you*
- x7 [Keyed/Scanned Text]



Children

Please say how many brothers and sisters live here (including half, step or foster brothers and sisters). Please write in the number or write 0 (zero) if there are none.

M80 How many brothers? [0-99] M81 How many sisters? [0-99]

18. About how many hours a day do you usually watch television (including videos and DVDs) in your free time? (Please mark one circle for week-days and one circle for weekend)

- |                       |                             |                 |                       |                             |                |
|-----------------------|-----------------------------|-----------------|-----------------------|-----------------------------|----------------|
| M19 Tv                | hday                        | <u>Weekdays</u> | M20 Tv                | hwnd                        | <u>Weekend</u> |
| <input type="radio"/> | None at all                 | <sub>1</sub>    | <input type="radio"/> | None at all                 | <sub>1</sub>   |
| <input type="radio"/> | About half an hour a day    | <sub>2</sub>    | <input type="radio"/> | About half an hour a day    | <sub>2</sub>   |
| <input type="radio"/> | About 1 hour a day          | <sub>3</sub>    | <input type="radio"/> | About 1 hour a day          | <sub>3</sub>   |
| <input type="radio"/> | About 2 hours a day         | <sub>4</sub>    | <input type="radio"/> | About 2 hours a day         | <sub>4</sub>   |
| <input type="radio"/> | About 3 hours a day         | <sub>5</sub>    | <input type="radio"/> | About 3 hours a day         | <sub>5</sub>   |
| <input type="radio"/> | About 4 hours a day         | <sub>6</sub>    | <input type="radio"/> | About 4 hours a day         | <sub>6</sub>   |
| <input type="radio"/> | About 5 hours a day         | <sub>7</sub>    | <input type="radio"/> | About 5 hours a day         | <sub>7</sub>   |
| <input type="radio"/> | About 6 hours a day         | <sub>8</sub>    | <input type="radio"/> | About 6 hours a day         | <sub>8</sub>   |
| <input type="radio"/> | About 7 or more hours a day | <sub>9</sub>    | <input type="radio"/> | About 7 or more hours a day | <sub>9</sub>   |

Physical activity is any activity that increases your heart rate and makes you get out of breath some of the time. Physical activity can be done in sports, school activities, playing with friends, or walking to school.

Some examples of physical activity are running, brisk walking, rollerblading, biking, dancing, skateboarding, swimming, soccer, basketball, football, & surfing.

For this next question, add up all the time you spent in physical activity each day.

19. Over the past 7 days, on how many days were you physically active for a total of at least 60 minutes per day?

☐ 0 days<sub>0</sub>

☐ 1 day<sub>1</sub>

☐ 2 days<sub>2</sub>

☐ 3 days<sub>3</sub>

☐ 4 days<sub>4</sub>

☐ 5 days<sub>5</sub>

☐ 6 days<sub>6</sub>

☐ 7 days<sub>7</sub>

M16 Physact

20. OUTSIDE SCHOOL HOURS: How OFTEN do you usually exercise in your free time so much that you get out of breath or sweat?

☐ Every day<sub>1</sub>

☐ 4 to 6 times a week<sub>2</sub>

☐ 2 to 3 times a week<sub>3</sub>

☐ Once a week<sub>4</sub>

☐ Once a month<sub>5</sub>

☐ Less than once a month<sub>6</sub>

☐ Never<sub>7</sub>

M17 Timeexce

21. OUTSIDE SCHOOL HOURS: How many HOURS a week do you usually exercise in your free time so much that you get out of breath or sweat?

☐ None<sub>1</sub>

☐ About half an hour<sub>2</sub>

☐ About 1 hour<sub>3</sub>

☐ About 2 to 3 hours<sub>4</sub>

☐ About 4 to 6 hours<sub>5</sub>

☐ 7 hours or more<sub>6</sub>

M18 Houxexc

22. How long does it usually take you to travel to school from your home? (Please mark one circle only)

☐ Less than 5 minutes<sub>1</sub>

☐ 5-15 minutes<sub>2</sub>

☐ 15-30 minutes<sub>3</sub>

☐ 30 minutes to 1 hour<sub>4</sub>

☐ More than 1 hour<sub>5</sub>

PA14

- PA15 23. On a typical day is the MAIN part of your trip TO school made by...? (Please mark one circle only)
- ☐ Walking<sub>1</sub>
  - ☐ Bicycle<sub>2</sub>
  - ☐ Bus, train, tram, metro, subway or boat<sub>3</sub>
  - ☐ Car, motorcycle, moped or motorized scooter<sub>4</sub>
  - ☐ Other means<sub>5</sub>

- PA16 24. On a typical day is the MAIN part of your trip FROM school made by...? (Please mark one circle only)
- ☐ Walking<sub>1</sub>
  - ☐ Bicycle<sub>2</sub>
  - ☐ Bus, train, tram, metro, subway or boat<sub>3</sub>
  - ☐ Car, motorcycle, moped or motorized scooter<sub>4</sub>
  - ☐ Other means<sub>5</sub>

25. How often do you usually have breakfast (more than a glass of milk or fruit juice)?  
(Please mark one circle for weekdays and one circle for weekend)

M5 Breakda	<u>Weekdays</u>	M6 Breakfwn	<u>Weekend</u>
	<input type="radio"/> I never have breakfast during weekdays <sub>1</sub>		<input type="radio"/> I never have breakfast during the weekend <sub>1</sub>
	<input type="radio"/> One day <sub>2</sub>		<input type="radio"/> I usually have breakfast on only one day of the weekend (Saturday OR Sunday) <sub>2</sub>
	<input type="radio"/> Two days <sub>3</sub>		<input type="radio"/> I usually have breakfast on both weekend days (Saturday AND Sunday) <sub>3</sub>
	<input type="radio"/> Three days <sub>4</sub>		
	<input type="radio"/> Four days <sub>5</sub>		
	<input type="radio"/> Five days <sub>6</sub>		

26. How many times a week do you usually eat or drink...? (Please mark one circle for each line)

	Every day, more than once	Once a day, every day	5-6 days a week	2-4 days a week	Once a week	Less than once a week	Never
M7 Fruitsa							
M8 Vegetaba							
M9 Sweetsa							
M10 Cokea							
a. Fruits							
b. Vegetables							
c. Sweets (candy or chocolate)							
d. Coke or other soft drinks that contain sugar							

- ED13 27. How often do you have breakfast together with your mother or father?

- ☐ Never<sub>1</sub>
- ☐ Less than once a week<sub>2</sub>
- ☐ 1-2 days a week<sub>3</sub>
- ☐ 3-4 days a week<sub>4</sub>
- ☐ 5-6 days a week<sub>5</sub>
- ☐ Every day<sub>6</sub>

- ED14 28. How often do you have an evening meal together with your mother or father?

- ☐ Never<sub>1</sub>
- ☐ Less than once a week<sub>2</sub>
- ☐ 1-2 days a week<sub>3</sub>
- ☐ 3-4 days a week<sub>4</sub>
- ☐ 5-6 days a week<sub>5</sub>
- ☐ Every day<sub>6</sub>

- ED15 29. Where do you usually eat your mid-day meal on schooldays?

- 15a ☐ At school
- 15b ☐ At home
- 15c ☐ At someone else's home
- 15d ☐ In a snack-bar, fast food restaurant, café
- 15e ☐ Somewhere else: (Please write down where)
- X44
- 15f ☐ I never eat a mid-day meal

30. How often do you eat a snack while you...?

	Every day	5-6 days a week	3-4 days a week	1-2 days a week	Less than once a week	Never
a. Watch TV (including videos and DVDs)?						
b. Work or play on a computer or games console?						

- ED20 31. How often do you eat in a fast food restaurant (for example, McDonalds, KFC, Pizza Hut, Taco Bell)?

- ☐ Never<sub>1</sub>
- ☐ Rarely (less than once a month)<sub>2</sub>
- ☐ Once a month<sub>3</sub>
- ☐ 2-3 times a month<sub>4</sub>
- ☐ Once a week<sub>5</sub>
- ☐ 2-4 days a week<sub>6</sub>
- ☐ 5 or more days a week<sub>7</sub>

- M123 Hungrbed 32. Some young people go to school or to bed hungry because there is not enough food at home. How often does this happen to you?

- ☐ Always<sub>1</sub>
- ☐ Often<sub>2</sub>
- ☐ Sometimes<sub>3</sub>
- ☐ Never<sub>4</sub>

M13 Weight 33. How much do you weigh without clothes? (In pounds)

Example

Weight		
1	5	2
<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0
<input checked="" type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/> 2	<input type="radio"/> 2	<input checked="" type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3
	<input type="radio"/> 4	<input type="radio"/> 4
	<input checked="" type="radio"/> 5	<input type="radio"/> 5
	<input type="radio"/> 6	<input type="radio"/> 6
	<input type="radio"/> 7	<input type="radio"/> 7
	<input type="radio"/> 8	<input type="radio"/> 8
	<input type="radio"/> 9	<input type="radio"/> 9

[0-999]

Weight		
<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0
<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3
	<input type="radio"/> 4	<input type="radio"/> 4
	<input type="radio"/> 5	<input type="radio"/> 5
	<input type="radio"/> 6	<input type="radio"/> 6
	<input type="radio"/> 7	<input type="radio"/> 7
	<input type="radio"/> 8	<input type="radio"/> 8
	<input type="radio"/> 9	<input type="radio"/> 9

M14 Height 34. How tall are you without shoes?

Example

Feet	Inches
5	2
<input type="radio"/> 0	<input type="radio"/> 0
<input type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/> 2	<input checked="" type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 3
<input type="radio"/> 4	<input type="radio"/> 4
<input checked="" type="radio"/> 5	<input type="radio"/> 5
<input type="radio"/> 6	<input type="radio"/> 6
<input type="radio"/> 7	<input type="radio"/> 7
	<input type="radio"/> 8
	<input type="radio"/> 9
	<input type="radio"/> 10
	<input type="radio"/> 11

[0-999]

Feet	Inches
<input type="radio"/> 0	<input type="radio"/> 0
<input type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/> 2	<input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 3
<input type="radio"/> 4	<input type="radio"/> 4
<input type="radio"/> 5	<input type="radio"/> 5
<input type="radio"/> 6	<input type="radio"/> 6
<input type="radio"/> 7	<input type="radio"/> 7
	<input type="radio"/> 8
	<input type="radio"/> 9
	<input type="radio"/> 10
	<input type="radio"/> 11

X45 35. When did you last weigh yourself?

- ☐ Within the last week<sub>1</sub>
- ☐ Within the last month<sub>2</sub>
- ☐ Within the last 6 months<sub>3</sub>
- ☐ More than 6 months ago<sub>4</sub>

X46 36. When did you last measure your height?

- ☐ Within the last week<sub>1</sub>
- ☐ Within the last month<sub>2</sub>
- ☐ Within the last 6 months<sub>3</sub>
- ☐ More than 6 months ago<sub>4</sub>

M11 Ondietb 37. At present are you on a diet or doing something else to lose weight?

- ☐ No, my weight is fine<sub>1</sub>
- ☐ No, but I should lose some weight<sub>2</sub>
- ☐ No, because I need to put on weight<sub>3</sub>
- ☐ Yes<sub>4</sub>

38. Here are some statements about one's feelings of his/her body. There are no right or wrong answers. We would like to know what **your** feelings of your body are. Please evaluate how the statements relate to you by checking the degree to which you agree or disagree with each one. (Please mark one circle for each line)

	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
	1	2	3	4	5
ED 32 a. I am frustrated with my physical appearance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ED 33 b. I am satisfied with my appearance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ED 34 c. I hate my body	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ED 35 d. I feel comfortable with my body	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ED 36 e. I feel anger toward my body	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ED 37 f. I like my appearance in spite of its imperfections	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

#### GIRLS ONLY

39. Have you begun to menstruate (have periods)?

- ☐ No, I have not yet begun to menstruate<sub>1</sub>
  - ☐ Yes, I have begun to menstruate.<sub>2</sub>
- Please indicate the age you were when you began to menstruate. For example, if you began 3 months after your 13th birthday you would indicate the age of 13 years and 3 months. I began at the age of \_\_\_\_\_ years and \_\_\_\_\_ months. M124 Agemenst

M125 Monthme

#### BOYS ONLY

40. Have you begun to grow hair on your face?

- ☐ Not yet started<sub>1</sub>
- ☐ Barely started<sub>2</sub>
- ☐ Definitely underway<sub>3</sub>
- ☐ Seems completed<sub>4</sub>

41. How often do you brush your teeth?

- ☐ More than once a day<sub>1</sub>
- ☐ Once a day<sub>2</sub>
- ☐ At least once a week but not daily<sub>3</sub>
- ☐ Less than once a week<sub>4</sub>
- ☐ Never<sub>5</sub>

M15 Toothbr



42. In the last 6 months: how often have you had the following...? (Please mark one circle for each line)

		Rarely or never				
		About every month				
		About every week				
		More than once a week				
		About every day				
		1	2	3	4	5
M96	a. Headache	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
M97	b. Stomach-ache	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
M98	c. Back ache	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
M99	d. Feeling low	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
M100	e. Irritability or bad temper	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
M101	f. Feeling nervous	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
M102	g. Difficulties in getting to sleep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
M103	h. Feeling dizzy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

43. During the last month have you taken any medicine or tablets for the following?

		No	Yes, once	Yes, more than once
PH11	a. Headache	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
PH12	b. Stomach-ache	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
PH13	c. Difficulties in getting to sleep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
PH14	d. Nervousness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
X48	e. Allergy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
PH15	f. Something else	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

M104 Healthb 44. Would you say your health is...? (Please mark one circle)

<input type="radio"/> Excellent <sub>1</sub>	<input type="radio"/> Fair <sub>3</sub>
<input type="radio"/> Good <sub>2</sub>	<input type="radio"/> Poor <sub>4</sub>

PH 16 45. Do you have a long-term illness, disability, or medical condition (like diabetes, arthritis, asthma, allergy, ADHD or cerebral palsy) that has been diagnosed by a doctor?

X49 ☐ Yes. If Yes, please write what they are. <sub>1</sub>  
[Keyed/Scanned Text]

☐ No <sub>2</sub>

PH17 46. Do you take medicine for your long-term illness, disability or medical condition?

☐ I do not have a long-term illness, disability or medical condition<sub>1</sub>

☐ Yes<sub>2</sub>

☐ No<sub>3</sub>

47. Does your long-term illness, disability or medical condition affect your attendance and participation at school?

☐ I do not have a long-term illness, disability or medical condition<sub>1</sub>

☐ Yes<sub>2</sub>

☐ No<sub>3</sub>

48. Thinking about last week...

		Always					
		Very often					
		Quite often					
		Seldom					
		Never					
		1	2	3	4	5	
	a. Have you felt fit and well?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	PH1
	b. Have you felt full of energy?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	PH2
	c. Have you felt sad?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	PH3
	d. Have you felt lonely?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	PH4
	e. Have you had enough time for yourself?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	PH5
	f. Have you been able to do the things that you want to do in your free time?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	PH6
	g. Have your parent(s) treated you fairly?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	PH7
	h. Have you had fun with your friends?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	PH8
	i. Have you got on well at school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	PH9
	j. Have you been able to pay attention?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	PH10

Many young people get hurt or injured from activities such as playing sports or fighting with others at different places, such as the street or home. Injuries can include being poisoned or burned. Injuries do not include illnesses such as Measles or the Flu. The following question is about injuries you may have had during the past 12 months.

49. During the past 12 months, how many times were you injured and had to be treated by a doctor or nurse?

☐ I was not injured in the past 12 months<sub>1</sub>

☐ 1 time<sub>2</sub>

☐ 2 times<sub>3</sub>

☐ 3 times<sub>4</sub>

☐ 4 times or more<sub>5</sub>

50. How easy is it for you to talk to the following persons about things that really bother you?  
(Please mark one circle for each line)

	Don't have or see this person	Very difficult	Difficult	Easy	Very easy
M82 a. Father	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
M83 b. Stepfather (or mother's boyfriend)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
M84 c. Mother	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
M85 d. Stepmother (or father's girlfriend)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
M86 e. Elder brother (s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
M87 f. Elder sister (s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
M88 g. Best friend	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
M89 h. Friends of the same sex	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
M90 i. Friends of the opposite sex	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

51. How much does your mother (or female guardian) really know about...?

	Don't have/see mother/guardian	She doesn't know anything	She knows a little	She knows a lot
				1 2 3 4
FC1 a. Who your friends are	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
FC2 b. How you spend your money	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
FC3 c. Where you are after school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
FC4 d. Where you go at night	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
FC5 e. What you do with your free time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

52. How much does your father (or male guardian) really know about...?

	Don't have/see father/guardian	He doesn't know anything	He knows a little	He knows a lot
				1 2 3 4
FC6 a. Who your friends are	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
FC7 b. How you spend your money	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
FC8 c. Where you are after school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
FC9 d. Where you go at night	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
FC10 e. What you do with your free time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

53. My parent/guardian... (Please mark one circle for each line)

	Don't have or don't see parent/guardian	Almost never	Sometimes	Almost always
a. Helps me as much as I need	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Lets me do the things I like doing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Is loving	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Understands my problems and worries	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Likes me to make my own decisions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Tries to control everything I do	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Treats me like a baby	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Makes me feel better when I am upset	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

54. In general, how satisfied are you with the relationships in your family? (Mark one circle next to the number that best describes your feelings)

<input type="radio"/>	10	We have <u>very good</u> relationships in our family
<input type="radio"/>	9	
<input type="radio"/>	8	
<input type="radio"/>	7	
<input type="radio"/>	6	
<input type="radio"/>	5	
<input type="radio"/>	4	
<input type="radio"/>	3	
<input type="radio"/>	2	
<input type="radio"/>	1	
<input type="radio"/>	0	We have <u>very bad</u> relationships in our family

55. At present, how many close male and female friends do you have? (Please mark one circle for each column)

Males	M91 Friendm	Females	M92 Friendf
<input type="radio"/> None <sub>1</sub>		<input type="radio"/> None <sub>1</sub>	
<input type="radio"/> One <sub>2</sub>		<input type="radio"/> One <sub>2</sub>	
<input type="radio"/> Two <sub>3</sub>		<input type="radio"/> Two <sub>3</sub>	
<input type="radio"/> Three or more <sub>4</sub>		<input type="radio"/> Three or more <sub>4</sub>	

56. Are MOST of the friends in your group... X31

☐ More or less your same age (same grade)<sub>1</sub>

☐ Older than you (by one grade or more)<sub>2</sub>

☐ Younger than you (by one grade or more)<sub>3</sub>



M93 57. How many days a week do you usually spend  
Timefrdb time with friends right after school?

- ☐ 0 days<sub>0</sub>
- ☐ 1<sub>1</sub>
- ☐ 2<sub>2</sub>
- ☐ 3<sub>3</sub>
- ☐ 4<sub>4</sub>
- ☐ 5<sub>5</sub>
- ☐ 6 days<sub>6</sub>

M94 58. How many evenings per week do you usually  
Evenfrd spend out with your friends?

- ☐ 0 evenings  $s_0$   
☐ 1 1  
☐ 2 2  
☐ 3 3  
☐ 4 4  
☐ 5 5  
☐ 6 6  
☐ 7 evenings  $s_7$

M95 Ecommuni 59. How often do you talk to your friend(s) on the phone or send them text messages or have contact through the internet?

- ☐ Rarely or never<sub>1</sub>
- ☐ 1 or 2 days a week<sub>2</sub>
- ☐ 3 or 4 days a week<sub>3</sub>
- ☐ 5 or 6 days a week<sub>4</sub>
- ☐ Every day<sub>5</sub>

X50 60. Your group of friends is well accepted by your parents?

- ☐ Almost always <sub>1</sub>
- ☐ Sometimes <sub>2</sub>
- ☐ Never, almost never <sub>3</sub>
- ☐ They haven't met your group of friends <sub>4</sub>

M106 61. In your opinion, what does your class teacher(s) think about your school performance compared to your classmates?

- ☐ Very good<sub>1</sub>
- ☐ Good<sub>2</sub>
- ☐ Average<sub>3</sub>
- ☐ Below average<sub>4</sub>

62. How do you feel about school at present?

- ☐ I like it a lot<sub>1</sub>
- ☐ I like it a bit<sub>2</sub>
- ☐ I don't like it very much<sub>3</sub>
- ☐ I don't like it at all<sub>4</sub>

**63. Here are some statements about the students in your class(es). Please show how much you agree or disagree with each one. (Please mark one circle for each line)**

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	
	1	2	3	4	5	
a. The students in my class(es) enjoy being together	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	M108
b. Most of the students in my class(es) are kind and helpful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	M109
c. Other students accept me as I am	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	M110

64. How pressured do you feel by the schoolwork  
you have to do? M111

- ☐ Not at all<sub>1</sub>  
☐ A little<sub>2</sub>  
☐ Some<sub>3</sub>  
☐ A lot<sub>4</sub>

Here are some questions about bullying. We say a student is **BEING BULLIED** when another student, or a group of students, say or do nasty and unpleasant things to him or her. It is also bullying when a student is teased repeatedly in a way he or she does not like or when he or she is deliberately left out of things. But it is **NOT BULLYING** when two students of about the same strength or power argue or fight. It is also not bullying when a student is teased in a friendly and playful way.

65. How often have you been bullied at school in the past couple of months? M58

- ☐ I haven't been bullied at school the past couple of months<sub>1</sub>
- ☐ It has only happened once or twice<sub>2</sub>
- ☐ 2 or 3 times a month<sub>3</sub>
- ☐ About once a week<sub>4</sub>
- ☐ Several times a week<sub>5</sub>

66. How often have you been bullied at school in the past couple of months in the ways listed below?  
(Please mark one circle for each line)

		Several times a week				
		About once a week				
		2 or 3 times a month				
		Only once or twice				
	I have not been bullied in this way in the past couple of months	1	2	3	4	5
VIP17	a. I was called mean names, was made fun of, or teased in a hurtful way	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
VIP18	b. Other students left me out of things on purpose, excluded me from their group of friends, or completely ignored me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
VIP19	c. I was hit, kicked, pushed, shoved around, or locked indoors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
VIP20	d. Other students told lies or spread false rumors about me and tried to make others dislike me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
VIP21	e. I was bullied with mean names and comments about my race or color	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
VIP22	f. I was bullied with mean names and comments about my religion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
VIP23	g. Other students made sexual jokes, comments, or gestures to me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
VIP24	h. I was bullied using a computer or e-mail messages or pictures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
VIP25	i. I was bullied using a cell phone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
X51	j. I was bullied outside of school using a computer or e-mail messages or pictures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
X52	k. I was bullied outside of school using a cell phone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

67. How often have you taken part in bullying another student(s) at school in the past couple of months?

- ☐ I haven't bullied another student(s) at school in the past couple of months<sub>1</sub>  
☐ It has only happened once or twice<sub>2</sub>  
☐ 2 or 3 times a month<sub>3</sub>  
☐ About once a week<sub>4</sub>  
☐ Several times a week<sub>5</sub>

68. How often have you bullied another student(s) at school in the past couple of months in the ways listed below? (Please mark one circle for each line)

		Several times a week				
		About once a week				
		2 or 3 times a month				
		Only once or twice				
	I have not bullied another student in this way in the past couple of months	1	2	3	4	5
VIP26	a. I called another student(s) mean names, and made fun of, or teased him or her in a hurtful way	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
VIP27	b. I kept another student(s) out of things on purpose, excluded him or her from my group of friends, or completely ignored him or her	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
VIP28	c. I hit, kicked, pushed, shoved around, or locked another student(s) indoors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
VIP29	d. I spread false rumors about another student(s) and tried to make others dislike him or her	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
VIP30	e. I bullied another student(s) with mean names and comments about his or her race or color	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
VIP31	f. I bullied another student(s) with mean names and comments about his or her religion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
VIP32	g. I made sexual jokes, comments, or gestures to another student(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
VIP33	h. I bullied another student(s) using a computer or e-mail messages or pictures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
VIP34	i. I bullied another student(s) using a cell phone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
X53	j. I bullied others outside of school using a computer or e-mail messages or pictures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
X54	k. I bullied others outside of school using a cell phone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

69. During the past 12 months, how many times were you in a physical fight?

- ☐ I have not been in a physical fight<sub>1</sub>  
☐ 1 time<sub>2</sub> ☐ 2 times<sub>3</sub> ☐ 3 times<sub>4</sub> ☐ 4 times or more<sub>5</sub>

70. The last time you were in a physical fight during the past 12 months, with whom did you fight?

- ☐ I have not been in a physical fight in the past 12 months<sub>1</sub>  
☐ A total stranger<sub>2</sub>  
☐ A parent or other adult family member<sub>3</sub>  
☐ A brother or sister<sub>4</sub>  
☐ A boyfriend/girlfriend or date<sub>5</sub>  
☐ A friend or someone I know<sub>6</sub>  
☐ Someone not listed above<sub>7</sub>

VIP 15 71. During the past 30 days, on how many days did you carry a weapon, such as a gun, knife or club?

☐ I did not carry a weapon during the past 30 days<sub>1</sub>

☐ 1 day<sub>2</sub>

☐ 2 to 3 days<sub>3</sub>

☐ 4 to 5 days<sub>4</sub>

☐ 6 or more days<sub>5</sub>

VIP16 72. The last time you carried a weapon during the past 30 days, what type of weapon was it?

☐ I did not carry a weapon during the past 30 days<sub>1</sub>

☐ Knife or pocketknife<sub>2</sub>

☐ Stick or club<sub>3</sub>

☐ Knuckle-brace/brass knuckles<sub>4</sub>

☐ Tear gas/pepper spray/Mace<sub>5</sub>

☐ Handgun or other firearm<sub>6</sub>

☐ Other type, please specify:<sub>7</sub>  
[Keyed/Scanned Text]

M25 73. Have you ever smoked tobacco? (At least one cigarette, cigar or pipe)

☐ No<sub>1</sub>

☐ Yes<sub>2</sub>

M26 74. How often do you smoke tobacco at present?

☐ Every day<sub>1</sub>

☐ At least once a week, but not every day<sub>2</sub>

☐ Less than once a week<sub>3</sub>

☐ I do not smoke<sub>4</sub>

75. At present, how often do you drink anything alcoholic, such as beer, wine or hard liquor like, Vodka or rum? Try to include even those times when you only drink a small amount (e.g. one or two sips). (Please mark one circle for each line)

	Never	Rarely	Every month	Every week	Every day
M27 a. Beer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
M28 b. Wine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
M29 c. Liquor/Spirits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
M30 d. Pre-mixed drinks (for example, Smirnoff Ice, Bacardi Breezer, Mike's Hard Lemonade)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
M34 e. Any other drink that contains alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

76. On how many occasions (if any) have you done the following things in the last 30 days? (Please mark one circle for each line)

	40 times or more	20-39 times	10-19 times	6-9 times	3-5 times	Once or twice	Never
a. Smoked cigarettes M39	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Drunk alcohol M40	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Been drunk M41	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

77. How frequently have you smoked cigarettes during the LAST 30 DAYS? RB1

☐ Not at all<sub>1</sub>

☐ Less than 1 cigarette per week<sub>2</sub>

☐ Less than 1 cigarette per day<sub>3</sub>

☐ 1-5 cigarettes per day<sub>4</sub>

☐ 6-10 cigarettes per day<sub>5</sub>

☐ 11-20 cigarettes per day<sub>6</sub>

☐ More than 20 cigarettes per day<sub>7</sub>

78. How many of your friends would you estimate...

	All	Most	Some	A few	None
a. Smoke cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Drink alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Get drunk at least once a week	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Smoke/use marijuana, (pot, weed, hash, joint)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Carry a weapon, such as gun, knife, or club	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

79. Have you ever had so much alcohol that you were really drunk? M35 Drunk

☐ No, never<sub>1</sub>

☐ Yes, once<sub>2</sub>

☐ Yes, 2-3 times<sub>3</sub>

☐ Yes, 4-10 times<sub>4</sub>

☐ Yes, more than 10 times<sub>5</sub>

80. At what age did you first do the following things? (If there is something you have not done, choose the 'never' category)

		16 years or older	15 years old	14 years old	13 years old	12 years old	11 years old or less	Never
M36	a. Drink alcohol (more than a small amount)	1	2	3	4	5	6	7
M37	b. Get drunk							
M38	c. Smoke a cigarette (more than a puff)							

81. Have you ever taken marijuana (pot, weed, hashish, joint)? (Please mark one circle for each line)

		40 times or more	20-39 times	10-19 times	6-9 times	3-5 times	Once or twice	Never
M42	a. In your life	1	2	3	4	5	6	7
M43	b. In the last 12 months							
M44	c. In the last 30 days							

82. Have you ever taken one or several of these drugs in the last 12 months? (Please mark one circle for each line)

		40 times or more	20-39 times	10-19 times	6-9 times	3-5 times	Once or twice	Never
RB34	a. Ecstasy	1	2	3	4	5	6	7
RB35	b. Amphetamines (meth, ice, glass, speed)							
RB36	c. Opiates (heroin, morphine, smack)							
RB37	d. Medication to get high							
RB38	e. Cocaine							
RB39	f. Glue or solvents							
RB40	g. Baltok							
RB41	h. LSD							
RB42	i. Anabolic steroids							
RB43	j. Other drug [keyed/scanned text]							
	Which one?							

83. FATHER—Does your father have a job? M112

- ☐ No<sub>2</sub>      ☐ Don't know<sub>3</sub>  
☐ Yes<sub>1</sub>      ☐ Don't have or don't see father<sub>4</sub>

If YES, please say in what place he works (for example: hospital, bank, restaurant) X39  
[Keyed/Scanned text]

Please write down exactly what job he does there (for example: teacher, bus driver) X40  
[Keyed/Scanned Text] Q91 Occupation code

If NO, why does your father not have a job? M114  
(Please mark the circle that best describes the situation) Fathnjob

☐ He is sick, or retired, or a student<sub>1</sub>  
☐ He is looking for a job<sub>2</sub>  
☐ He takes care of others, or is full-time in the home<sub>3</sub>  
☐ I don't know<sub>4</sub>

84. MOTHER—Does your mother have a job? M115  
Mothonjob

☐ No<sub>2</sub>      ☐ Don't know<sub>3</sub>  
☐ Yes<sub>1</sub>      ☐ Don't have or don't see mother<sub>4</sub>

If YES, please say in what place she works (for example: hospital, bank, restaurant) X41  
[Keyed/Scanned Text]

Please write down exactly what job she does there (for example: teacher, bus driver) X42  
[Keyed/Scanned Text] Q91 Occupation Code

If NO, why does your mother not have a job? M117  
(Please mark the circle that best describes the situation) Mothonjob

☐ She is sick, or retired, or a student<sub>1</sub>  
☐ She is looking for a job<sub>2</sub>  
☐ She takes care of others, or is full-time in the home<sub>3</sub>  
☐ I don't know<sub>4</sub>

85. Were you born in the United States? s15

☐ Yes<sub>1</sub>  
☐ No<sub>2</sub>

86. In which country was your mother born? s16  
[Keyed/Scanned Text]

☐ Don't know<sub>1</sub> X55

87. In which country was your father born? s17  
[Keyed/Scanned Text]

☐ Don't know<sub>1</sub> X56

88. What language do you most often speak at home? s18  
[Keyed/Scanned Text]

This is the end of the survey.

If there is time, please go back and review each question to be sure you have answered all the questions and followed the directions.

THANK YOU VERY MUCH FOR YOUR HELP!